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EDITORIAL COMMENT

JOURNAL CHANGES

The announcement was made in the September number of the JOURNAL by the president of the board of directors of the JOURNAL Company that a reorganization is taking place in the publication and management of the JOURNAL. Agitation for such a change had arisen periodically in the JOURNAL management since almost the beginning of the existence of the magazine. The change, when it did come, was unexpectedly sudden, both to the old publishers and to the editorial staff, and has given rise to a great deal of unavoidable confusion, and to delays which are trying to those who are concerned with the JOURNAL's production as well as to its readers.

In combining the work of the subscription and book order departments with the editorial division, the editors at Rochester are brought into very much closer relation to the subscribers of the JOURNAL than they have been heretofore, and much advantage is anticipated from this fact alone, but the reorganization is not a simple matter, but a great task, and needs for its accomplishment the cooperation and consideration of every member of the American Nurses' Association. Even so short an experience as one month with these departments brings out certain definite points which now, as always, have made the management of the subscriptions very difficult. First, many nurses do not give the old as well as the new address when making a change, and hours, literally, must be spent in hunting through the files for the old card, or time must be lost while a letter of inquiry goes to the new address. Second, nurses who are going away for a vacation or who are moving from place to place ask to have their addresses changed with each move. This is always a hard matter to arrange and is doubly hard when, as now, the mailing list and the subscription files are in two

cities miles apart. There is every chance for error if changes are made often and nurses are earnestly requested to have their JOURNALS forwarded to them by some reliable friend when they make a temporary change rather than to have their address changed on the file. When one considers the cost of sending expiration notices, sometimes to the number of two or three, the acknowledging of money, the cost of paper and printing, and the salaries paid those who do this work, the margin of profit on each magazine is very small. Expiration notices can no longer be sent in the JOURNAL itself, but must be mailed separately, so subscribers who keep track of their dates and send in their renewals a little ahead of the expiration time are doing their magazine a genuine service. Third, nurses who are really interested in the JOURNAL's welfare will send their subscriptions directly to the editorial office, not through an agent or bookseller. It has been necessary in the past to use every means to make the JOURNAL known and to lose in commissions a sum which might be called advertising money, but now that the magazine is so well known, the full amount paid by the subscriber should reach the JOURNAL and not be divided with a representative.

Many requests are coming to have subscriptions begin several months back. There are no JOURNALS on hand further back than July in consecutive numbers, so no subscriptions can be begun beyond that time, neither is it going to be possible in the future to supply as many copies of the month just past. Changes of address and addresses of new subscribers must reach the editorial office at Rochester by the 25th of the month preceding the date of issue to be effective for the JOURNAL of the coming month.

One of the unavoidable conditions of the taking over of this new work into the Rochester office has been that the clerical force, as well as those in charge, have been inexperienced in subscription work, which is a business by itself, and while everyone has done the best she could day by day, there have been a number of mistakes. For instance, notices of expiration have been sent to some subscribers who had already sent their money for the coming year while many doubtless have not been reminded that their year has ended. Attending to the money which comes in every mail, recording it properly and sending receipts, attending to the new subscriptions and changes of address have seemed to be the important points upon which the whole force concentrated its efforts during the first few weeks and was practically all that could be attended to. The fact that a complete copy of the subscription list had to be made for the new publishers complicated the subscription work still further and we can only ask our subscribers to

report at once any irregularity, giving all the data needed for the investigation. Complaints have been pouring in upon us in a discouraging manner, and we wish to express our gratitude to those who have expressed them in a courteous manner.

Hard as the work has been, it would have been impossible to perform without the painstaking and generous coöperation of those members of the old publishing house whose careful, systematic methods have been so great a factor in making the JOURNAL what it is, and who have been ready to help straighten every tangle where their knowledge of past conditions could be of service.

As this reorganization has been made from motives of economy, there are various favors which have been extended to our readers in the past which can no longer be granted. When we had at our disposal the advantages of a large publishing house with its complete bookkeeping equipment, it was possible to carry charge accounts and to take subscriptions of an irregular nature, payable quarterly, or at longer periods. With our present limited equipment and small staff it is going to be impossible to carry so many complicated details in our bookkeeping and we shall have to insist that all subscriptions and small book orders shall be paid in advance, charge accounts being granted only to institutions sending subscriptions or book orders in large quantities.

THE MODERN HOSPITAL

The Modern Hospital, a new monthly journal, "devoted to the building, equipment and administration of hospitals, sanatoriums and allied institutions, and to their medical, surgical and nursing services," put out its first number in September. The names of the men who compose its editorial staff are a guarantee of the broadly scientific attitude which it will maintain. These men are: Drs. Henry M. Hurd, Frederic A. Washburn, Winford H. Smith, S. S. Goldwater, James G. Mumford, W. L. Babcock, and John A. Hornsby. The editorial office is in the Monroe Building, Chicago, and the business office in the Metropolitan Building, St. Louis. Several of the editorials are signed. In the salutatory, which presents the ideals for which the magazine is established, we read: "By common consent, based upon the needs of the time, it is decreed that there shall be a bed in a good hospital for every sick and hurt man, woman and child, and that every resource of medical skill, seconded by the highest order of trained nursing, and aided by all the arts and sciences, shall be at the service of rich and poor for the cure of disease. But it is no longer enough that those who

can shall merely help to cure disease; the time is come when the prevention of disease looms larger than the cure, and in this field the hospital must show the way. . . . . " Under the heading, "The Real Hospital Problem" the statement is made that this new magazine is to be devoted to hospital problems and it is suggested that nursing problems be left alone for a while. "We all admit the development of nursing to be one of the great achievements of our hospitals, but let us ask ourselves at the same time what we have ever contributed to this splendid development. Why should not boards of examiners be composed of nurses? They are more competent for the work, and at least are not more susceptible to corruption and influence than boards of men. Why should they not be active in legislation for safeguarding their profession? They have made it what it is. Why not be honest and, if opposed to maintaining high standards, to registration, and all the nurses want, say that we are opposed because it may mean that our institution will have to pay more for the nursing, or because it may mean some very careful study in readjustment? Let us not try to deceive ourselves and others in the belief that our opposition is because of our interest in the nursing profession or the public. No one who knows is deceived. Let us meet the issue fairly and squarely, and let us pay more attention to the big problems waiting to be solved . . . . . " Under the heading "The Sanatorium—the Ideal and the Real" it is shown that a special study will be made of this topic in the hope of bringing up these institutions to the standards of the modern general hospital.

A very interesting synopsis is given of the hospital section of the American Medical Association meeting at Minneapolis, which was presided over by Dr. Howard of the Peter Bent Brigham Hospital and which the report says was not well attended but was exceedingly interesting and valuable.

There are departments on Foreign Correspondence, Current Hospital Literature, News of Hospitals and Sanatoriums, Notes on Nursing and New Instruments and Appliances.

We believe that this magazine will wield an immense influence in standardising not only American hospitals, but hospitals of all countries, it will have a direct influence in the great uplift of nursing standards, and it will, we hope, serve as a means of harmonising the relations of the two professions—medicine and nursing. As such we welcome it.

CENTRAL DIRECTORY PROBLEMS

There are certain problems which all who are seeking to establish or maintain central directories have in common, problems which one group of women may work out satisfactorily, while to others they seem unsurmountable obstacles. It is desirable that the experiences of these workers should be shared, otherwise the whole ground must be covered again and again, with great waste of energy.

One of the most vexing of these problems is that of providing relief for the registrar. Almost all directories start in a small way, with but few nurses enrolled, few calls filled, and consequently only a small income from which to pay expenses, so the registrar's salary must at first be a moderate one, and no paid relief can be afforded. The duties of a registrar are not arduous, from the standpoint of physical wear and tear, some nurses may even regard hers as an easy and enviable occupation, but those who are serving in such positions, and those most closely associated with them, know that the duties are taxing, confining and trying. There is no let-up to the demands. Twenty-four hours in a day, and every day in the year some one must be ready to give prompt and courteous attention when the telephone bell rings, be the caller a doctor miles away, whose message is hard to interpret, a distracted father demanding a nurse on the instant, and the best that can be had, or a nurse whose errand may be important or trivial. If a registrar lives in a nurses' club house, her work may be harder, but her interests are wider, for she has the coming and going of other nurses to interest and divert her. If the registry is in her own home or apartment, or in an office building, she may spend day after day without companionship or change of scene, with only telephone conversations or her own pursuits to occupy her. For these reasons every registrar needs change, diversion, out-of-door exercise quite as much as do nurses engaged in hospital or private duty nursing. She needs it not only for her own health and happiness, but for the good of those whom she serves, for she can be much more impartial, judicious, interested and sympathetic in deciding the many questions that arise in the course of a day if her thoughts are not kept running in one channel constantly.

As the life of a registrar is necessarily, even with proper relief, a quiet and rather circumscribed one, the nurse chosen for that position should be, preferably, not one in the full vigor of youth and energy, but one who has reached the time of life when she is glad to lead a more quiet existence, or one who through some physical infirmity is unable to take up any form of nursing work which makes exhausting

physical demands. The registrar should also be a person who has resources within herself, who is not dependent upon companionship with others for happiness. These things should be kept in mind by a committee looking for the desirable person to fill such a position, or by nurses who think they would like to undertake such work.

How shall the needed relief be provided? "Ask someone who is waiting for a case to relieve you for a few hours," is the suggestion oftenest made, but this is not a very satisfactory method. Not all nurses on the waiting list make good substitutes, some would be unfair, others with the best of intentions would be stupid or slow, some are inaccurate in hearing or recording a message, and there is always the possibility that the nurse who is relieving may miss a personal call by so doing. It is better to have the relief given by some one who has become familiar with the workings of the directory than by any one who comes along and it is better to have it definitely arranged and regularly given, that the registrar may be able to make plans ahead for her outings. The ideal method, and that employed by the most prosperous directories, is to have a regular salaried assistant, who shall not only give regular relief, but assist in the clerical work which becomes arduous in a large and busy enterprise, either the registrar or her assistant being on duty all the time, each having several hours a day of absolute freedom from responsibility. Next to this, the most favored plan is to pay the registrar sufficient salary to permit her to arrange for her own relief, choosing and paying her substitute. If a definite arrangement of this sort is made, a great deal of dissatisfaction is eliminated. The registrar has her relief when she wants it, by the person she chooses, at a price she can afford, and at the same time she is responsible for the work done in her absence.

The very worst form of relief is the haphazard or gratuitous form, which leaves the registrar stranded for days with no one to rely on, and one wonders that anyone is found who is willing to submit to such an arrangement. Often it is a nurse who has been so interested in the establishment of the directory that she will sacrifice herself to ensure its success. Too often her associates fail to realize their equal responsibility to it and to her.

During the past summer a circular letter was sent from the JOURNAL office to thirty-nine of the directories with which it has direct business relations, asking what arrangements were made for the registrar's relief, and in order to judge the conditions under which relief was furnished, questions were also asked as to the size of the directory, the amount of work done and the salary paid. Thirty-three replies were received to this inquiry, a remarkably large number of responses, as

anyone who has sent out circular letters could affirm, all of them showing keen interest in the problem. From these replies the following table has been compiled, the replies being numbered in the order received, as it would be obviously unfair to give names or places. It is interesting to see how well proportioned are the number of calls filled to the names enrolled.

NO.	NUMBER ENROLLED	CALLS FILLED	SALARY	ARRANGEMENTS FOR RELIEF
1	200	1200	$1000 and room	At first, three to five hours daily by members of the committee. Later, two hours daily, one afternoon a week, time for church attendance, by members of committee.
2	400	2044	$70 per mo. and room	At first, relief nurse furnished by committee at a salary of $30 a month, who came for two hours daily, four hours Sunday, and one afternoon. Now relief nurse receives $60, and comes from 9 to 6 daily, helping with clerical work.
3	257	908	$100 and room	Assistant paid by the committee, receives $25 a month. Eleven hours a week relief.
4	225	1800	$75, room and board	Assistant, paid by committee, receives $40, room and board. Gives five hours daily.
5	Unwilling to state		$35, room, board and washing	Directory situated in a club, the housekeeper furnishes relief.
6	175	640	$750 a year and room	Assistant, paid by club, receives $200 a year, and room. Gives twenty-eight hours a week.
7	225	1605	$65 and room	Registrar provides her own relief.
8	86		$45, no room or board	Registrar not a nurse, lives at home, makes her own arrangements for relief.
9	22	346	$15, no room or board	No relief except as the registrar pays for it.
10	102	840	$60 and room	Association furnishes relief three afternoons a week.
11	No information		$25	Registry in a hospital, in hands of the information clerk.
12	169	1400	$60 and room	Irregular gratuitous relief.
13	No information		$65, no room or board	Registrar makes her own arrangements for relief.
14	320		$110, no room or board	An assistant is paid by the directory and the hours of relief are arranged by the registrar.

NO.	NUMBER ON ROLLS	CALLS FILLED	SALARY	ARRANGEMENTS FOR RELIEF
15	200	1400	$75 and room	A nurse who does hourly nursing is paid $25 a month and gives relief for one night, one day, and several hours daily.
16	190	1200	$25	No information as to relief.
17	115	496	$65	Registrar owns a private sanatorium and makes her own arrangements for relief.
18	111	800	$65, no room or board or help, with telephone bills	Registrar pays ten cents an hour to nurses who relieve her. No systematic plan.
19	180	800	$37.50 and room	Registry in club, gratuitous relief by club members.
20	60	500	None	Registry in a drug store, is considered so profitable as an advertisement that other drug stores have offered special inducements to take it over.
21	180	800	$30 and room	Situated in club which furnishes relief for one whole day or two half days a week.
22	137	800	$70 and room	Registrar's salary was increased from $60 to $70 with the understanding that she should pay for her own relief.
23	240	1400	$75 and room	Registrar's salary reduced from $83 to $75 in order that an assistant might be employed, who receives $30 a month, gives one afternoon, two hours daily, four hours on Sunday.
24	160	1000	$60, no room	Relief irregular, gratuitous. Nurses asked to give relief will not accept pay, so registrar hesitates to ask them. The number of nurses allowed to register is limited to 160, though there are seasons when there are not enough nurses to supply the calls.
25	45	360	$120 a year and telephone	Registry situated in a drug store.
26	42	370	$10 a year for each member	Registrar has the directory in her own home and makes her own arrangements for relief. Is allowed to eke out her salary by nursing for eight weeks during the year.
27	45	800	$125 a year	Registry located in a hospital, in the hands of the superintendent.
28	220	1800	$60 and room	Registrar makes her own arrangements for relief.
29	94	900	None	Registry situated in a business establishment, the wife of the proprietor being a nurse.

NO.	[illegible]	[illegible]	SALARY	ARRANGEMENTS FOR RELIEF
20	185	3009	$85	Registrar, a physician, makes her own arrangements for relief.
21	No information		$83 and room	Assistant, not a nurse, paid $15 a month by the directory, gives one afternoon a week, four hours on Sunday, two hours daily.
22	70	685	$80, no room or board	Registrar makes her own arrangements for relief.
23	45	216		A private registry.

Many of the directories have started in a hospital or in a drug store, but most of them rejoice when the time comes for managing their own affairs. The arrangements of three of the directories listed in the table are of interest. Two of them, No. 20 and No. 25, have their registries in drug stores, but in one case the service is gratuitous and is considered profitable at that, while in the other case the nurses are paying the druggist $150 a year and the telephone extension service for night calls, in addition. The case of No. 29 is also a business enterprise, rather than a strictly professional one. The husband of the registrar must feel that the directory is an asset to him, or he would not allow his wife to perform the duties of registrar without compensation. Probably each of these directories is in a transitional stage and will go on to fuller and more satisfactory development. In the case of No. 20, no report is given by the druggist to the association of the number of calls received or filled, yet the service is reported as very satisfactory.

Some of the letters make one's heart ache and recall a remark of Miss Riddle's, that we do not believe in solitary confinement for criminals and should not make it a condition for those who are serving us. Those who are helping to manage directories may well search their consciences and inquire whether the conditions they are providing for their registrar are the best that can be arranged for under the circumstances or are such as they would, themselves, accept.

A SCHOOL FOR HEALTH OFFICERS

A School for Public Health Officers is announced as beginning this fall under the auspices of Harvard University and the Institute of Technology, the faculties of both institutions being available for the work. The object is to prepare young men for public health work, especially for administrative positions. The applicants are not required

to have a medical degree although it is advised for those who intend to specialize. The director of the school is Professor Rosenau of Harvard. Such an undertaking is one more evidence of the awakening of the public conscience to the need of preventive and instructive measures for the common good, and the result should be a more enlightened and valuable body of health officers for the future, men especially trained for their work.

HOSPITAL REGULATIONS

A correspondent asks some questions which she wishes answered in this issue of the JOURNAL, the first of which includes the others: "Can a superintendent of nurses in a hospital set any price for a registered nurse to change a patient when she is on special duty?"

It has always been our opinion that when a nurse enters a hospital she does it with the understanding that she is temporarily a part of the hospital staff, and that she is as much subject to the rules as if she were a permanent resident. The hospital superintendent is responsible for her work for the time being, both to physician and patient, as would be very quickly proved should the nurse by accident neglect or injure the patient, when it would be found that the hospital would be held responsible. Most hospitals have an established price which nurses from the outside are to be paid, and nurses should conform to these regulations or not accept work in the hospital.

A THIRD EDITION OF KIMBER'S "ANATOMY"

Many of the old friends of Diana Kimber will be interested to know that she is now a member of an Anglican Sisterhood at Malvern, England. She is about to put out a third edition of her *Anatomy and Physiology for Nurses* with an introduction by Sir William Osler, Regius Professor of Medicine at Oxford, and late of McGill, Montreal, and Johns Hopkins, Baltimore.

SEPTEMBER JOURNALS

There will be a limited number of September JOURNALS for sale at the editorial office in Rochester, N. Y. Those who failed to renew their subscriptions in time to have them begin with the September number, but who do not wish to break their files, can obtain a copy by sending 25 cents to that address.

ORTHODOX JEWISH CUSTOMS IN THEIR RELATION TO THE NURSING PROFESSION[1]

By RABBI LEO FRANKLIN

Detroit, Michigan[2]

It is axiomatic that, next to a knowledge of the technical details of her profession, the greatest need of the nurse who shall attain to real efficiency in her work is sympathy with her patient. I do not, of course, mean by this that soft emotionalism which runs to over-indulgence, nor yet the employment of sweet and honeyed words where sternness is needed to bring a patient to terms, but by sympathy I mean an understanding of the mental attitude of the patient and of his environmental influences that go to shape that attitude. In these days when even the most conservative of medical authorities are conceding the value, within limits of course, of certain forms of mental therapeutics, no lengthy argument should be necessary to establish this fact as fundamental. A disregard of it may almost invariably explain the utter failure of some otherwise proficient nurses to deal satisfactorily with cases of illness in the homes of the foreign elements that form so large a portion of the population of our great cities today. In the case of the Orthodox Jew this is particularly noteworthy. Due to religious customs which, through long usage, have become part of his very life, but which are strange and peculiar to her, the patient is frequently unresponsive to the best-intentioned offices of the nurse who, in the goodness of her heart, is doing the very things which, from the nature of the case, must be absolutely repulsive to her patient. In order that a closer bond of sympathy between the nurse and her patient of Orthodox Jewish faith may be established, it shall be my purpose in this paper to deal with some of the more important ceremonials practiced by the Orthodox Jew, which have a more or less direct bearing upon the nursing profession. In doing so, I trust that you will understand that I am in nowise censuring the nurse for her misunderstanding of these customs and conditions. From the nature of things she has had no opportunity of learning about them, and they remain a Chinese puzzle to her. Nor do I forget the added difficulty that confronts the nurse in dealing with a patient whose language she cannot understand. Added to all the other hardships and responsibilities of the nursing profession, this is one that may not be lightly passed over.

[1] Read before the Wayne County Nurses' Association, Detroit, Mich., March 7, 1922.

The most obvious solution of this difficulty would be that a sufficiently large number of women, consecrated by a love of the work, who themselves have sprung from the ranks of the Orthodox Jews, should be induced to enter upon the profession of nursing as a life work, but that is undoubtedly a dream, the realization of which will come, if at all, only in the very remote future.

Before taking up in detail the ceremonies that have a bearing upon the problem of the nurse, it is well to draw a clear distinction between what I have called the Orthodox Jew and the Liberal or Reform Jew. The Orthodox Jew is he who tries to observe the very letter of the Biblical law, and who recognizes the binding authority upon him of the traditional or Rabbinic law. The Reform Jew, on the other hand, lays little stress upon the letter of the law, but tries to observe its spirit. This distinction may become clearer to you if I illustrate it through an example. In the sixth chapter of the book of Deuteronomy, following the remarkable passage "Hear O Israel, the Lord our God, the Lord is One!" we come upon the verses "Thou shalt bind them [namely, the foregoing words] as a sign upon thy hand and they shall be as a guide before thine eyes. And thou shalt write them upon the doorposts of thy house and on thy gates." Now the Orthodox Jew, through a ceremonial known as putting on the phileacteries, actually does bind the words cited in the foregoing verses of the chapter, upon his head and upon his arms, the passage being written upon parchment and encased in a little leathern box which being attached to straps made for the purpose, are daily bound, as I have said, upon the head and the arms, thus literally carrying out the mandate of the Bible.

The Reform Jew, on the other hand, realizing that such could never have been the meaning of the lawgiver, interprets this noble passage of Scripture to mean that the words of God should ever be a guiding force in the life of men, directing their eyes to truth and their hands to helpful work. Similarly, the Orthodox Jew interpreting the verse "Thou shalt write them upon the doorposts of thy house" actually does write these words upon his doorpost and you may see them there as you pass into his home, encased in a little tin or wooden box and nailed upon the doorpost. The Reform or Liberal Jew, however, disregarding the letter of the law, as having no significance, holds the passage to mean that God's words shall become an inspiration in every household, that every hearth shall be a shrine where love is the ministering priest.

Now it goes without saying that in the home of the Reform Jew or the Liberal Jew, the nurse will meet with none of these problems that naturally confront her when she enters the home of our Orthodox brethren, whose religious life is very largely a structure of ritualism, formalism

and ceremonialism, that to her unaccustomed eyes seems very strange and grotesque, and sometimes even weird and ridiculous. In passing judgment upon it, however, we must not fail to recall that to the foreigner many of our customs seem very strange. I remember hearing a young Chinaman, a splendid musician, at the University of Michigan, say in explanation of the weird character of Chinese music, that to him our great American and European orchestras sounded, until he understood the principles of harmony as worked out by us, merely a medley of the most grotesque and unappealing sounds. To enter sympathetically then into the mental attitude of another, we must know something of the principles upon which that other's life is builded.

I have said that the Orthodox Jew attempts to carry out the very letter of the Bible law. Now something ought to be said, I believe, in regard to the sanitary value of certain laws of the Bible in the light of our modern knowledge, for there are many enthusiastic lovers of the Bible who maintain that not a few Biblical laws, especially those contained in the dietary legislation of the Bible, were intended primarily—if not entirely—as sanitary regulations. With this conclusion I for one take issue. While undoubtedly it seems to be true that those who wrote the portions of the Bible in which the dietary laws are contained, had a considerable knowledge of certain food values, it can scarcely be maintained that they made their rulings in regard to the prohibited foods purely on hygienic grounds, for were this the case how shall we explain the fact that certain kinds of food which they prohibited to the Jew, they permitted them to sell to the non-Jew for consumption as food? It is perfectly obvious that these laws were laid down not as sanitary, but rather as religious regulations, and that their health value was secondary and perhaps even altogether unknown to the legislators. In one respect perhaps the ancient Biblical law-givers did have a fine conception of what medical science today is especially insisting upon. I refer to their laws of quarantine against contagious disease, particularly in regard to that most loathesome disease of the ancient Orient, leprosy. And incidentally I have little doubt that our nurses and health authorities would experience considerably less difficulty in enforcing the laws of quarantine today in cases of communicable disease among the Orthodox Jews if their knowledge would permit them to turn authoritatively to this code in the book of Leviticus, (Chap. 14 ff) and show to the often recalcitrant patient and his family that the segregation of persons and places infected is no mere whim of modern physicians, but that it is based on the law to which they themselves give allegiance. And similarly, by the way, the difficulty encountered so frequently in persuading the Orthodox Jews to go the hospital, where perforce their dietary

régime will be broken, might be obviated if the nurse and doctor only knew and could bring home to the patient the fact that in the so-called "Schulchan Aruch" as the traditional code book of the Orthodox Jew is called, it is distinctly set down that in case life is endangered, all the religious laws may be broken with the single exception of those prohibiting idolatry, adultery and the shedding of blood.

Coming now to a somewhat more detailed treatment of the ceremonials of Orthodox Judaism that bear upon the nursing profession, we may say that they have to do with: (a) diet, (b) prayer and ritualistic forms, (c) home ceremonials, (d) religious rites associated with child birth, (e) death and burial.

Of these I mention the subject of diet first, because, by coincidence, it plays such a leading part both in the nurse's profession and in the life of the Orthodox Jew, and it is upon this point, more than any other, perhaps, that nurse and patient are likely to clash. It should be said in dealing with this subject that the dietary customs observed by the Orthodox Jew go much further than those laid down in the Bible, and embrace as well the varied and minute extensions of the Biblical law for which mediæval and rabbinical authorities are responsible. When the nurse, who is a stranger to the customs of an Orthodox Jewish home, enters there to attend her patient, she will be struck at once with certain regulations that are entirely strange to her. In the first place she will find that many articles of diet which she is accustomed to give to her patients, are here absolutely taboo. Ham, for instance, indeed any form of the meat of the swine, is entirely forbidden. Oysters and other sea foods she cannot give her patient. Indeed, she will find that the Orthodox Jew rigidly insists upon the observance of the Biblical law that in the realm of animals those are prohibited for food which do not chew the cud and which have not the cloven hoof, or which lack in either one or the other of these matters, and so far as fishes are concerned, those are prohibited which have not both fins and scales, a prohibition which as you will see includes all forms of shellfish and other sea foods which are frequently given as delicacies to convalescent patients.

But the difficulty of the nurse will not end when she knows what dishes must be absolutely excluded, for she will find that even among those permitted as food, there are certain mixtures which shall in nowise be allowed. Milk foods and meat foods cannot be eaten together or within stated intervals of one another. Generally it is accepted as law that food made with milk or butter may be eaten within three hours after partaking of a meal of meat, while if the process is reversed, the meat may be eaten within half an hour after the milk. As though this were not sufficient to confuse the poor nurse, she must be further confounded

by the fact that there must be one set of dishes used for the cooking and serving of meat foods and quite another for the cooking and serving of milk foods, and that to interchange one of these with the other is to render it incapable of further use in the Orthodox Jewish household. Nor can she go to the corner grocery and butcher shop to buy for her patient her chicken or her cut of steak, but all the meat which she serves must be duly slaughtered by the so-called "Schochet" or official religious slaughterer of animals, and this meat having been obtained, it must go through a further process of so-called "koshering" which means that it must be successively soaked in water and embedded in salt for a definite period before it is religiously allowable, this being the rabbinical interpretation of the Biblical law, that the blood of the animal shall not be eaten.

To those who are strange to these customs they must seem very ridiculous indeed, and they are not to be blamed overmuch if at first they have little sympathy or indulgence for those who, at the risk of delaying their convalescence or even preventing their ultimate recovery, insist upon refusing dainty foods, because they are not ritually allowable, while they are willing to partake of other foods, often without nutritive value, which the physician absolutely prohibits. But I am sure their sympathies will be deepened and they will come to indulge the whims of these people somewhat if they can but realize how much a part of their lives are these things, and how they would rather face death itself than turn their back upon these traditions which, through a lifetime, they have regarded as binding upon them. Of course, we know that in emphasizing the letter of the law, they are sacrificing its spirit; of course we know that all this is very foolish, but at the same time *if we wish to exert the best possible influence over the patient, we must put ourselves into such sympathy with him as will allow us to put ourselves in his place for the time being, and to enter into his mental attitude.*

Dealing with the second division of the ceremonials under discussion, we come to the prayer and ritualistic forms of the Orthodox Jew. It is a striking fact that the Orthodox Jew seldom misses an opportunity to pray, and endless would be the list of occasions that might be cited for which he has some particular benediction. From sunrise unto sunset he could be busy at this service if he chose, praying before he washes his hands in the morning and again before he breaks bread, saying one sort of prayer over one kind of food and another over some other kind of food, breathing one petition if the food he eats happens to be the first of its kind of which he has partaken during that season, saying a prayer if he is about to start upon a journey, one sort of prayer if he goes by land and another if he goes by sea, and so on through the whole day's routine until at night he closes his eyes with yet another prayer upon his lips. Now this

constant attention to religious observances, if on the one hand it has a tendency to sanctify the secular, on the other serves to the neglect of other duties which to many of us seem quite as important, and it is only as we understand again how essential a part of the Orthodox Jew's whole life these prayer forms are, that we can persuade ourselves to enter sympathetically into his lip observance that is frequently coincident with the neglect of other things that to us seem more urgently pressing. *But on the other hand the very conjunction of the religious forms with the affairs of daily life may frequently be used by the wise nurse and physician as hygienic agencies.* Thus, for instance, the so-called ritualistic bath which is rigidly observed by the Orthodox Jewess, may be used as a means of persuading her that a greater frequency of bathing, both for herself and her children, will be a fulfillment of religious customs. *In other words, what we need to do in dealing with people whose customs are strange to us, is not to belittle these customs, nor to lose our patience with those who practise them, but rather to use them as the means of bringing about the very conditions which, from the hygienic standpoint, we wish to establish.* To call these customs foolish is to cut off every possibility of sympathy between patient and nurse. To indulge them is to establish the possibility of a more sympathetic understanding and consequently of a closer cooperation between them.

The home ceremonials of Orthodox Judaism, though they have elements that are somewhat strange to those who see them for the first time, are not without their elements of great beauty, and they too may be used as so many levers with which to lift the patient, ignorant of the laws of sanitary living, into a knowledge and appreciation thereof. Thus, for instance, the ceremonials in the Jewish home incident to the ushering in of the Sabbath may effectively be used by the clear-visioned and tactful nurse. Commenting upon the beauty and the inspiration of the white cloth and the lighted candles that are invariably a part of these ceremonies, she may persuade the mother that this spirit of cleanliness and of order and of cheer might be made a part of the household, not one night in the week, but every night, and thus all unconsciously the wife and mother might be made to work a very revolution within her home that would be all for good. Other similar ceremonies which the nurse sees practised she might similarly use for the upbuilding of the home.

Two occasions in the Orthodox Jewish home present some peculiar problems to the nurse. One is the occasion of child birth, particularly if the child be a boy, and the other is the case of death. With the former we need not here deal except to explain, as every good nurse already knows, that the period for the religious dedication of the male child,

through the ceremony of circumcision, is a time of tremendous nervous strain to the mother, and that at that time the utmost tact and diplomacy is necessary on the nurse's part to calm the anxiety of the mother. Nor is this relieved in the homes where customarily the ceremony is accompanied by a feast given to friends and relatives, often accompanied by considerable noise and confusion, which just at this time should be absent. So it is that the tact of the nurse is put to one of its severest tests.

In the case of death and burial of the Orthodox Jew, again the nurse must be extremely politic, for around death hover so many superstitions that when bereavement of this sort falls upon him he is, as a rule, very difficult to deal with. Often the nurse who has been uniformly kind and considerate to the patient, will be frowned upon the moment that patient has passed away, and she who, with the utmost tenderness, cared for the sufferer, will be almost ruthlessly driven away from touching the dead. In a case of this kind the nurse, understanding the peculiar conditions that surround the Orthodox beliefs in regard to death, will take no offense but content herself with giving kindly advice and such help as she can to the characteristically-emotional household; she will feel that the refusal of those bereaved to permit her to participate in the last offices to their dead is not a reflection upon her, nor yet upon their affection for her, but that it is born simply of a narrow superstition, deeply embedded in them, that none but their own co-religionists must touch the body of one whose spirit has flown to the great beyond.

The essential point that I desire to emphasize is that the work of the nurse among the class of people with whom we are dealing will be not only more efficient, but also more satisfactory to herself if, through a knowledge of the conditions out of which these people have come to be what they are, she succeeds in putting herself for the time being in their place and thus establishes between them and herself a bond of sympathetic understanding.

Perhaps I should give you one further thought before concluding. Frequently it is felt by the nurse who goes into the Orthodox home in the poverty-stricken ghetto districts of the great city, that her task is almost hopeless because of the filth that so often abounds there, and in her mind somehow she comes to associate that filth with the fact that these people are Jews. Naturally such an association of ideas tends to a breaking down of sympathy. And how unjust it is! If there is one people on the face of the earth whose religious laws insist upon cleanliness in regard to the physical body, in regard to the home environment and in regard to the food which one eats, it is the Jew. Indeed, the very word "Kosher" which is the name given to permitted food, is by some translated as "clean," though a scientific knowledge of the Hebrew would not quite

uphold that meaning. But this fact stands out, where these people are steeped in mire and in filth, it is due not at all to their religious condition, but it is the result of their poverty and of the social conditions which compel them to live in their miserable hovels, overcrowded and cramped together in a fashion that would ill befit even the dumb brutes, to whom oftentimes we give better care than to some poor human beings. It is well for us who are fortunately placed, who have our large, well-lighted, well-ventilated rooms, homes with abundant bathing and sleeping facilities, to preach to these poor creatures about keeping their windows open, about bathing regularly and what not, but who shall tell whether we would be more docile than they in these matters were their positions and ours to be reversed?

I am pleading for a greater sympathy for the unfortunate members of our community who frequently understand us as little as we understand them. Let it be our part, as helpers of humanity, and certainly of all the professions none so consecrates itself to human helpfulness as the profession of nursing, to do what we may to enter into the moral and spiritual life of those whose language and whose customs are strange to us, but who, beyond their outward differences, are after all, blood of our blood, flesh of our flesh and spirit of our spirit.

MILK FUND ASSOCIATION NURSING[1]

By M. B. McCLELLAND

Louisville, Kentucky

The purpose of the Association is to reduce infant mortality and to increase the health and vitality of the surviving children. Perhaps half the mortality of the first year of life is due to ignorance, carelessness and indifference, and the milk-fund nurse must wage constant and relentless battle against this three-headed enemy if she hopes to make even a slight impression upon its stronghold, which is the home of the people.

The nurse is an important member of that devoted band of workers who are striving to lower infant mortality and to better conditions in general for children. She may be a factor for great good, or she may exert a harmful influence in the district of her activities, according to her equipment for the rigorous responsibility of such work.

When the nurse goes into the home and community she is given the opportunity of learning the relation of the environment to the welfare

[1] Read before the Kentucky State Association of Graduate Nurses, June 3, 1913.

of the family. Her responsibility is more than giving instructions to the mother. She must arouse public interest as to the conditions existing which are detrimental to good motherhood. It is only upon the demand of the public that the lawmakers will make laws and appropriate funds. The nurse soon learns that to be successful in her work she must be resourceful, sympathetic, not easily discouraged, firm, but at the same time kind. She is the physician's assistant at the conference which is held at the Station, and later follows the baby into the home, teaching the mother how to carry out the instructions which the physician has given. The mother must be taught in the simplest manner and the instruction must be repeated many times. The nurse soon becomes a friend and adviser and is brought into very close contact with the family life. Mothers, though sometimes ignorant and very poor, are willing to fulfill their obligations to their children, and the nurse must give direction and guidance. This is not an easy task, as they do not always follow instructions, the grandmother and neighbors being ever ready with advice, so that the nurse needs much patience, tact and wisdom. If patience is her chief virtue, she must also have a knowledge of the diseases of infancy and the ability to detect their symptoms. One of her first and most important duties is to encourage maternal nursing, to teach that the baby must have light and air. We need strong regulations for the proper kind of housing, but much discomfort may be avoided by attention to the bathing and clothing of the baby.

A large number of the mothers whom we visit are very ignorant therefore the necessity of educating them in their homes, teaching them better habits, hygiene and a higher standard of morality. The ignorance of many of the educated, if one may use a paradox, and their attitude towards the problem of baby saving, are incomprehensible. We will have to admit that it does become discouraging when we find a mother who is indifferent and also lazy. However, in our accomplishment of these duties lies our success as "Infant-Welfare Nurses." Oftentimes we do succeed and when the mother has learned the lesson of cleanliness and has some idea of system she finds plenty of time to attend our weekly conferences. There she learns through her own and others' experience what brought the baby's weight up and the causes for its better general condition, she gains full confidence in the doctor, the nurse and their work. The nurse knows and the doctor can tell that the time has now come when the mother has begun the most important part of her educational process, for she is now ready to let them watch her baby when it is well, weigh it, chart it, change its diet and regulate its routine of living once or twice a month. She is also ready to tell her experience to her neighbors and thus the conference grows.

Keeping well babies well is the fundamental principle of the vital and constructive work being done today. To the skill and intelligence of a visiting nurse is added the fact that the work is being done with life at its very foundation, all its possibilities are before it. The hope of this work lies in the fact that teaching a mother the proper care of a little baby involves almost every question of health and right living for each member of the family. They do not all need boiled bottles, but they do need fresh air and simple diets worked into the family menu.

Having the foreign element to deal with makes the food and clothing proposition very hard to handle. As soon as the babies are several months old the mothers persist in feeding them. It is difficult to explain that milk is sufficient food for the baby. Their idea is that milk is something to drink and not to eat. That is, they do not understand the nourishing qualities of the milk. They believe that a great deal of clothing must be kept on the baby until it is much older and stronger, no matter what the weather, especially Syrians and Italians. When our mothers have learned the proper methods of feeding, clothing and bathing their babies we have then reached the point of teaching them the simple preparation of the milk in the home. The mother takes a lesson in milk modification. She is taught to carefully wash her own hands as well as to boil the bottles. As she prepares her own baby's milk she realizes the responsibility and the importance of each detail. To be sure that the mother is ever thoughtful of the care of the milk, the nurse uses persistency in preaching the gospel of three: keep the milk cool, covered and clean. In advising the mother how to keep her baby well, the nurse warns her against that universal enemy, the fly, as well as against patent medicines, soothing syrups and comforters. The interest of the father, too, must be enlisted, if the most successful results are to be obtained. In many cases it has been found that only an appeal was necessary to bring out a new interest in the father. The doctor in the conference often feels that not until he has reached the father can the seed of prevention he attempts to plant bring forth the full amount of cure. It would seem then that definite plans to enlist the interest of the fathers to educate them along lines of health is an important step in the fight for the prevention of infant mortality.

The nurse visiting in the home is often able to convince the mother that when the baby is vomiting and having diarrhea it is not doing so because it is cutting teeth, as she would insist, but from some other specific cause. The nurse teaches her how to give the baby a simple bowel irrigation and advises her to discontinue all food but give the baby barley water until the doctor has seen it. When a baby requires a very complicated formula, which is not often, the nurse prepares it for the mother

until she is capable of the duty and it is astonishing how rapidly and how remarkably well she succeeds.

It has well been stated that "infant mortality is the yard stick which measures the height of social welfare and the breadth of human efficiency." To recapitulate, the requirements of the competent Welfare Nurse are manifold and complex and if she be well equipped for the work, her results will clearly illustrate the above statement.

THE AGE LIMIT

By SARA E. PARSONS, R.N.

Superintendent of the Training School, Massachusetts General Hospital

There are some very able and influential nurses who maintain that an arbitrary age limit for the candidate who is to enter a training school is necessary. While few contend that twenty-three years is the youngest age that could be considered, as was the case twenty years ago, they do maintain that twenty-one or twenty-two years are absolutely essential and they maintain that this limitation is not only expedient but morally important.

Holding different views and believing that the nursing profession is losing many desirable applicants by clinging to this idea, I am moved to discuss the subject briefly from my point of view, which is developed as a result of all my past experience. I would open my argument by stating that one must first consider the school in which the candidate intends to train. If it still maintains a twelve-hour day and places the probationer immediately on the wards in charge of patients, with little instruction, as was the case in all schools several years ago, or if the hospital requires the pupil nurses to take the entire care of male patients, I should be one of the loudest in protesting that the older the probationer was, the better, and that twenty-three years of age was indeed rather questionably young for the introduction to such responsibilities, but assuming that the school has evolved an approximate eight-hour day, a thorough preliminary course, with a sufficient staff of instructors and supervisors, with orderlies to assist in the care of male patients, I do not hesitate to affirm that age need hardly be considered if the educational standard is sufficiently high and the students carefully chosen at the end of the probationary period, which should perhaps be flexible, not less than three months, and six or more if necessary.

My statistics show that about 40 or 50 per cent of the probationers who enter under twenty years of age are not accepted, but the statistics show also that of those accepted, the percentage of honor pupils in both

theoretical and practical work is very high. I would, of course, be glad if all these young women could complete a normal school or college course, but that is out of the question, and I rejoice in my young graduates and love to think how many years they have ahead of them in which to use their knowledge and to go on acquiring experience.

During the years in which I had the privilege of organizing training schools in hospitals for mental patients, I had to accept pupils under the age limit of general hospitals in order to get desirable nurses. Those with a high school education and the moral, social and intellectual qualifications such as I desired for this most important branch of nursing would inevitably have gone into the more popular general hospital schools if the doors had not been closed to them. Even in this work, where maturity would seem so necessary, these young women, carefully selected, did fine work. Their youthful buoyancy often acted as a tonic, and their ability to react after the more depressing experiences was a real asset in their favor. Even their ignorance of all the tragedy that was signified by the conditions with which they had to deal made it often possible for them to be helpful and enduring when older women would shrink helplessly from the work. I recall with great satisfaction a mother and daughter who graduated with credit in one class. The mother, a widow of thirty-nine, and the daughter of nineteen, started in the same class, and while there was nothing to criticise in the deportment of the mother, the daughter's was even more dignified and correct. Surely in my effort to get "good material" I sacrificed several revered traditions. At one time I had three sisters in the school and graduated them all without any serious difficulties as to discipline, and never have I had cause to regret these experiments.

At the beginning of the work here, before I had been persuaded that it was wise to establish any age precedent, a mother brought her daughter in to make application for entrance to the school. The girl had graduated from high school and was well developed physically, but she was only eighteen years of age. I talked of more study for the girl and the mother was quite willing to send her to Simmons College for the Nurses' Preparatory Course if I would accept her soon afterward. I hesitated, because she would then be barely nineteen years old, so the mother said, "Miss Parsons, I have sent Alice through high school and I can afford to send her to Simmons and to maintain her during her three years of training but I cannot afford to do any more for her, as I have three other children to educate. If you will not take her, I shall feel obliged to put her at some money-gaining occupation until you will take her, and I would much rather send her into your care than to have her go into some store or office where there could be no careful supervision." The mother's

argument seemed so natural that I hesitated no longer, but promised to take the daughter on probation. She has thus far been worthy of the trust placed in her.

Miss Nutting, whom we all know, has the nurses' best interest at heart, said in effect at our recent convention that as times have changed, economic conditions have changed, and we must adapt our views to conditions as they are, and that to her, the age of the applicant did not seem so important as the kind of a school into which the girl was to enter.

THE ONWARD MARCH

By FLORENCE O. GIBBS, R.N.

Graduate of the Park Avenue Training School, Chicago

I was reading a report of the Rockefeller Sanitary Commission, recently, and the account of the vast amount of good that is being done, in the districts where hookworm disease has been most prevalent, is wonderfully inspiring. If I quote some passages, they will tell, more eloquently than I can, the story.

The people begin to arrive early. I visited one dispensary at eight o'clock in the morning and found forty-three persons there waiting for attention. They linger; they gather in groups around the tables of exhibits; they listen to stories of improvement as told by those who have been treated and return to their homes to report to their neighbors what they have seen and heard. The rapidity with which this teaching by demonstration gets its hold upon the people in communities where the infection is heavy is seen in the early records of the work in new territory. When the work opened in North Carolina, in July, Dr. Covington treated, in Halifax County, the first week, 194 people; the second week, 423, and the third week, 897.

In communities where the infection is heavy, and after the Dispensary has had a few days within which to demonstrate its effectiveness, the people come in throngs, they come by boat, by train, by private conveyance, for twenty and thirty miles. Our records contain records of men, women and children walking in over country roads ten and twelve miles, the more anæmic at times falling by the way, to be picked up and brought in by neighbors passing with wagons. As many as 425 people have been treated at one place in one day. A friend who had just visited some of the dispensaries said to me, recently, "It looks like the days of Galilee."

It begins to look like light!

It has been about ten years since investigation into the disease called uncinariasis, or hookworm disease, was started. The investigation was more or less spasmodic and when, from time to time, the results were made public they were met with open ridicule from the majority and amused smiles from others. Lazy members of a family were twitted

about having a "hookworm." A running fire of jocose comment was kept up by the newspapers. Truth has as hard a time to rise above good-natured jest, many times, as against more active opposition, but the theories of the few determined scientists had to endure, not only the mirth of the uninformed, but protests of indignation from all over the south. A wail went up in the name of industry and property: "all this hue and cry about the scourge of the south will affect industry and depreciate property values and discourage immigration" (which the south ardently encourages). The medical profession, the church and the press screamed against this revolutionary doctrine of the scientists. To Dr. Stiles belongs the credit of much of the pioneer work, along these lines, in this country. He had vision and was brave enough to undertake the struggle against prejudice and ignorance, and he did it mainly by ignoring the opposition and bringing the truth straight home to the people most vitally concerned, the victims of this disease. Strange, when any great problem is raised where profit is threatened for even a brief period, how violent is the opposition against it! But the south had heard the voice, and the south had once before followed a voice to victory!

The communities where the infection raged are swinging into line enthusiastically, and it will not be long until it is well wiped out in local districts. However, people are waking up to the fact that disease of any sort is not merely a local, but a national, aye, an international problem. Hookworm is not a problem for a few southern states alone, but one involving, China, India, South America, Africa and the Philippines! Venereal diseases infect alike the people of all continents: tuberculosis is as dictatory in the palace as in the hut. Men draw invisible boundary lines between kingdoms and countries; between peoples of white and yellow and black skins, but disease is a democrat and hobnobs with the people of all countries and all colors, in company with his attendants, ignorance and dirt.

Generations yet to come will look back upon this age, when disease ravaged the people; when children were fed to mills and mines; when men walked the streets in idleness and crime, or toiled at a starvation level, to support some few in idleness, as almost barbaric in its ignorance and inhumanity.

But the voice is lifted; one of the new knights in this crusade is called Science. His coming was not heralded by blare of trumpets or crash of steel or wave of plume. He isolates himself from the crowd, and his weapons are tiny tubes of glass and a wonderful microscope. His friends and assistants are hosts of lively little guinea pigs and soft, pink-nosed bunnies. His message is that of cleanliness which is next *before* godliness! His temples are clean homes, clean yards and

clean streets. His promised reward is Health. As we look back over the work of even the last generation and mark the places where men have blazed trails for those who are to follow them, and then look about at the vast army of workers who are working day by day in the light of an ever-widening vision, we are very glad, that we, as nurses, may have a very special share in all this work if we will.

PREVENTIVE TUBERCULOSIS NURSING

By ALICE SHEPARD GILMAN, R.N.

Charge Nurse at Bellevue Hospital, New York

A great many articles have been written on this subject, but there is always a new thought to be brought out in individual cases, and as I have come in contact with the disease to a great degree and have seen the different modes of treatment and attitudes taken by nurses, especially, I felt that giving such knowledge as I might possess would help someone who does not grasp the real significance of the care of these cases.

I think a great many of us, not only of the laity, but of the medical and nursing professions, look upon tuberculosis as an incurable disease, something that must be endured but that can be only temporarily controlled. Of course to a certain degree this is true. The cases that come under our observation in the charity hospitals and through the district nursing associations are usually of a progressive nature and by the time they have received medical aid are too far advanced to profit much by any help given. They have escaped earlier observation through ignorance or fear as to the significance of the trouble should the board of health or other disease eradicators become acquainted with their condition. Consequently, these persons go on and on until they become a menace to the household, are too weak to work and provide food and lodging for themselves and wander helplessly into the hands of the law. These are the conditions which bring the average tubercular patient to our charity hospitals, but that is only one avenue for the hundreds and thousand of cases thronging in upon us every day.

During the winter months many of our poor are thrust upon the streets cold and half-clad, with not nearly enough nourishment to take care of the normal waste of the body, to say nothing of producing a resistance against outside influences, and are stricken down with pleurisy, influenza and pneumonia. Numberless intoxicated persons, who have suffered from hours of exposure, are brought into our hospitals to the medical and alcoholic wards with high temperatures, delirium and all sorts of complications.

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Have we nurses realized the gravity of these cases and how much really depends upon the care and nursing treatment of each one? Here a great many of the primary lesions of tuberculosis originate, where careless nursing stands as a secondary cause. In nursing these patients, great care should be exercised in moving them; never allowing them to sit up in bed or move about, even after the temperature has subsided and the patient is convalescing. Be watchful always for undue exertion.

Keep them out of drafts and always warm. Never leave their shoulders exposed to the cold air, for although fresh air is a recognized cure, it has its avenue of introduction, and exposing the patient's body to its mercy is the very worst thing one can do, especially in cases of this nature. Nourishment plays no small part in fighting off the invasion of this plague. To keep up the resistance of the individual, or to even establish one, as we are so often called upon to do, is a point where many fail. Even when the patient is sickest, give them such food in fluid form as will produce the most energy. This, to a great extent, is left in the hands of the nurse, the doctor leaving no explicit orders other than fluid or soft or special diet, and if a nurse be careless or uninterested in her patient's welfare, she may very easily carry out the order with seeming correctness and her patient be constantly losing ground from insufficient nourishment. The high caloric diet has been employed in many cases of pneumonia and other lung conditions with very satisfactory results, but even though this has not been explicitly ordered, if a nurse has an intelligent knowledge of food values, she can regulate the diet according to her patients' needs and do more to establish a resistance against a tubercular invasion than by any drug I know. Therefore nurses should consider, when they have cases of this kind, that it is not only the immediate demand, but that when the acute symptoms have subsided, they have an even greater obstacle to meet in assuring a complete recovery. If these cases were always nursed properly, we would not have quite as many poor souls in our tubercular homes and hospitals.

So much for the preventive treatment and now if I may, I should like to say a word about the treatment of incipient cases. These we meet with more in private duty than in any other field as a general rule, and our care is usually of long duration which requires an unusual amount of sympathy, exactness and patience. These cases can be arrested invariably if the rigid course of treatment be closely adhered to for a sufficient length of time, and here a nurse plays a very important part. Rest is the first essential to a cure, absolute physical relaxation, and not only that, but peace of mind. Give all the energy the body has to spare to its process of healing and repair. Diet should be of a nourishing nature and compact in itself, not enormous amounts of specified

articles such as eggs, for instance, for them there is a bilious condition, which is not in any way advantageous.

Fresh air I have mentioned last, but it is probably just as essential as rest, though one without the other would mean but very little. Keep your patient out of doors in the sunshine during the day, and on a porch where air is plentiful, without cold drafts, at night. Regulated exercise has to be carefully noted, commencing at first with a very restricted amount and increasing each day in proportion to the bodily gain, lung soundings and haemoglobin count. This must be conducted with the utmost patience and care on the part of the nurse. She must feel a keen personal interest in the life for which she is caring and give a great deal of herself, especially spiritually, to her charge. The utter abhorrence of the disease, in a great many cases, makes her careless and uninterested so that she is really an obstacle in the road to health when she should be the great power that instills courage and faith.

I think many of us turn from this phase of nursing from fear, some because we think it hopeless, and some because there are so many bigger things to do. But is there anything bigger than to save a human life and where do we find a greater need than among the sufferers of this awful plague?

Many believe that only the inferior class of nurses should do this work, or those who are victims, themselves, but I think this is a biased idea, for personally I have found a great many of the finest women, both spiritually and physically, giving their lives to this great cause. I do not say that nurses who have healed lesions, do not often go on with this work, but this service is of a most efficient order, because they realize the intense need for good care. Today with all our methods of antisepsis, with our knowledge of the disease organism and of the hygienic surroundings, tuberculosis is not more infectious than syphilis, which we care for every day in our hospital wards with very little thought of precaution.

Another important branch of this question lies in emphasizing the necessity of care to the person who first becomes conscious that he or she is subject to the disease, and perhaps has had a hemorrhage or two without any other symptoms. Here a nurse may be able to do more than anyone else in impressing upon the individual the necessity for immediate measures or the arrest of the process. A great many people wait until the disease is firmly established before taking any serious thought as to treatment, and invariably they are too late. So if we would all bear in mind the causes for the disease and treat whichever one it might be our lot to meet, intelligently and faithfully, not with fear but with earnest desire to save, we should be greatly gratified could we see the actual outcome of our concerted efforts.

FLORENCE NIGHTINGALE

By ELISABETH ROBINSON SCOVIL

Everything concerning the life of Florence Nightingale is of intense interest to nurses. Looking up to her as they do and seeing in her not only one of the first members of their profession but certainly up to this time the greatest one, they wish to learn all that can be told about her.

Perhaps it is not generally known that her father's name was originally William Edward Shore. Upon the death of his great uncle, Squire Nightingale, he succeeded to his estate in Derbyshire, Lea Hall, and took his family name. The new Squire Nightingale was a traveler and knew Europe well. He had only two daughters, both born in Italy. The elder, who afterwards became Lady Verney, was named Parthenope, the old name for Naples. The younger, who was born on the 12th of May, 1820, at the Villa Columbaia, just outside Florence, was named Florence after the City of Flowers, her birthplace. She had another home in England besides Lea Hurst, the new house which her father had built on the estate to replace Lea Hall and into which the family moved when she was six years old. The other home was Embley Park, in Hampshire, where the winter and spring were always spent. It was in the little churchyard of West-Wellow, in Hampshire, that she was finally laid to rest, close to the father and mother from whom she had been so long separated.

We are all familiar with the story of her choice of a life work, which led her to Pastor Fliedner and the training at Kaiserswerth.

In 1854 war broke out between England and France, and Russia, the allies fighting to prevent Russia from oppressing Turkey. War was declared on the 28th of March; on the 20th of September the battle of Alma was fought. This was in the Crimea, at the extreme south of Russia. The wounded had to be sent three hundred miles back, across the Black Sea, to the great hospital at Scutari. It was situated on a hill, overlooking the Golden Gate, as the opening from the Black Sea into the Sea of Marmora is called, directly opposite Constantinople. Imagine the misery of that journey! This huge barrack hospital had been lent to the English by the Turks for the reception of their sick and wounded. They were carried from the battlefield with wounds not dressed, broken arms and legs unset, to Balaclava and put on board ship for the three hundred mile voyage. There were no dressings, no medicines, no comforts, often no food which desperately sick and wounded men could touch. When they reached the hospital at Scutari it was only to find that all they had endured hitherto was but the beginning of what they

had to suffer. So overcrowded was the place that the wounded were laid down anywhere, in the passages and on the floor of the wards. The too few and terribly dirty beds were full.

The Barrack Hospital, as it was called, was built round a great square, each of the corridors being nearly a quarter of a mile long. The number of men lying in double rows along them can be imagined. There were other hospitals as well as this main one, all equally full. Every hour brought in more patients. The surgeons and orderlies were overwhelmed with the work and could do no more than a fraction of it. There was no time to clean the rooms, nor was it possible to do so, with men lying on every square inch of floor space. There was not food enough, what there was, was badly cooked or not cooked at all. No light but candles stuck in empty wine or beer bottles. There were no changes of clothes for the patients, who lay there in the blood stained uniforms which had not been taken off for days, waiting, waiting for some one to come and care for them. Yet of such stuff is our Anglo-Saxon race made that they took it all in silence, as was said at the time, "with obstinate pride." When a man died his comrades would say enviously, "There's one poor fellow out of pain anyway."

It was at this time that William Howard Russell, "the first and greatest of war correspondents," as he is called on his monument in the crypt of St. Paul's Cathedral in London, wrote his memorable letter to *The Times*. He said, "Are there no devoted women amongst us, able and willing to go forth and minister to the sick and suffering soldiers of the East in the hospitals at Scutari? Are none of the daughters of England, at this extreme hour of need, ready for such a work of mercy? France has sent forth her sisters of mercy unsparingly and they are even now by the bedsides of the wounded and dying, giving what woman's hand alone can give of comfort and relief. Must we fall so far below the French in self-sacrifice and devotion?" No. There were those who would go. Among the thousands who read the appeal of the Crimean war correspondent was the daughter of the country squire who had trained herself by years of labor to be a hospital nurse. English fathers and mothers were giving their sons to serve their country. Would her father and mother give a daughter? she asked. They would. On Sunday, the 15th of October, she wrote and posted a letter to the War Office, offering to go out and nurse the wounded soldiers.

Meanwhile names of those eager to help were pouring in to the War Office. The difficulty was whom to choose. Who was to distinguish between the fit and the unfit of the volunteers? Above all who was to command this band of brave and devoted women? On that same Sunday Mr. Sidney Herbert, who was at the head of the War Department,

wrote a letter to the "one woman in all England" whom he and those who were with him felt would be the woman to take up this mighty work. He said, "My question simply is, would you listen to the request to go out and supervise the whole thing?" The two letters crossed. We know Florence Nightingale's answer.

Exactly a week later, on Trafalgar Day, October 21, Miss Nightingale and the first 38 nurses chosen by her left a London station. So quiet was their departure that very few persons knew of it. When they reached Boulogne the news had spread that "the sisters" were coming. French and English were fighting side by side in the Crimea, therefore French women claimed as their right the privilege of looking after "les soeurs." When the steamer came in the quay was lined with the fishermen in their white caps and short skirts. They took possession of the nurses' bones and bags, and warning off the porters carried them to the train. It was the same all the way to Marseilles, where they embarked. No porter would take a tip, no hotel keeper would send in a bill. The Peninsular and Oriental steamer, *Vectis*, was waiting, and without delay they sailed for Scutari.

The day after the nurses left Paris the battle of Balaclava was fought, when the famous charge of the Light Brigade was made. The day after they arrived at Scutari came the battle of Inkerman, both adding to the list of wounded and increasing the fearful congestion in the hospitals. Cholera broke out, as is not to be wondered at when the unsanitary conditions that prevailed are considered. "Invalids were set to take care of invalids and the dying nursed the dying," as one historian says.

In the midst of this confusion Florence Nightingale arrived with her band of nurses. In ten days she had brought order out of chaos. When the wounded from Inkerman began to arrive in hundreds she asked for food, brandy, shirts and sheets. When she was told that none of these things could be had without a written order signed by some one in authority who was absent at the moment, she ordered the cases and bales to be opened and the necessaries distributed. She had brought with her at her own expense immense stores of all that she knew would be needed at once. *The Times* opened a subscription list for funds to send more and on the first day over $10,000 was subscribed. Every woman in England, from Queen Victoria and the princesses, her daughters, knitted socks, made shirts, etc. On Christmas Day, when the Queen's health was drunk in the Barrack Hospital, not a man throughout the huge building, it was said, but had such comforts as the willing hands and tender hearts of women could devise.

A relative of my mother spent long weeks as an officer on duty in the trenches before Sebastopol and there is still in the family a recipe for

Sebastopol pudding, said to be the one from which the puddings were made that were sent out from England to the soldiers for their Christmas dinner.

The next February, M. Soyer, the French chef of the Reform Club, in London, offered to go out at his own expense, without remuneration, and help Miss Nightingale in the kitchen arrangements. He proved invaluable, not only giving advice, but actually doing cooking, himself. He always spoke of her ever after as "the ministering angel."

In May, 1855, she left Scutari for the first time, the faithful M. Soyer going with her, to inspect the hospitals that had been established in different parts of the Crimea. Here she became very ill and was carried to a hut on the heights of Balaclava, where she could have purer air. One pouring wet day two horsemen galloped up to the hut and dismounted. One held the horses while the other knocked for admittance and in a loud voice asked for Miss Nightingale. The nurse in charge rushed out and told him not to talk so loud, that no one could see the invalid. "My name is Raglan," said the officer, "she knows me very well. I have come a long way to see her." It was the commander-in-chief of the British army. Miss Nightingale begged him not to risk seeing her as he might catch the fever. Whereupon he promptly walked in, took a stool and sat down at the foot of the bed, saying he must have a few words with the lady-in-chief, as she was called throughout the army. They only met once again. Lord Raglan died just after the British troops had been repulsed before Sebastopol, when they were besieging the Russians.

As soon as she could be moved, Miss Nightingale returned to Scutari. Never was warmer welcome than that given her and never a greater contrast than between the hospital she returned to and that which she first entered on that dismal 4th of November the year before. Truly did Dean Stanley, the Dean of Westminster Abbey, say of her that she was a woman of commanding genius.

Sebastopol was taken on the 8th of September, 1855, and the treaty of peace signed on the 30th of March, 1856. Not until the last patient had left the Hospital did Florence Nightingale return to England. She sailed in July. The last thing she did was to have a white marble cross erected on the heights of Balaclava to the memory of the soldiers and nurses who had died during the war. The British government offered to send a man-of-war to bring her home and England was planning a great reception. As quietly as she went she came back again and before the public was aware of it she was in her Derbyshire home with her parents and sister. Then presents, addresses, welcomes, were showered upon her. Queen Victoria summoned her to visit her at Balmoral, her home

in the Highlands. A large fund was raised by popular subscription and presented to her. With it she founded The Nightingale School for Nurses at St. Thomas Hospital, London. The Queen gave her a beautiful ornament, designed by the Prince consort, and the Sultan of Turkey sent her a magnificent diamond bracelet. These with the Order of Merit, presented to her by King Edward VII, and eight other Orders, may be seen in a case in the museum of the Royal United Service Institution, in Whitehall. Here, too, near the bust of Lord Nelson, is a bust of this greatest of nurses, subscribed for and given by the workmen of England.

She gave her health and strength to serve her country, for though she lived to return home she was ever after an invalid. Fifty-four years of ill health, many of them spent in bed, seemed a great price to pay. Did she consider it too great? Not if we may judge from her words and deeds. In a letter written in 1861, she says, "My life is spent between four walls, only varied to other four walls once a year. I believe there is no prospect but of my health becoming ever worse and worse until the hour of my release. But I have never ceased for one waking hour, since my return to England five years ago, laboring for the welfare of the army at home as I did abroad."

The hour of her release was then nearly fifty years distant, yet in all that time she continued to work ceaselessly. Her sick room, it was said, might have passed for an annex of the War Office, so filled was it with schemes for army hospital reform and communications from all sorts and conditions of soldiers. Whoever in the army had a grievance wrote to her, she was still the lady-in-chief. Being known to be wealthy, as well as generous, she was overwhelmed with begging letters. Kinglake, the great historian of the Crimea, exclaims, "I say it with delight, *there had never come one from a soldier.*"

As she lived she died, in her ninety-first year. Her friends refused for her the offered resting place in Westminster Abbey and she sleeps under the sod of her own county.

On Saturday, August 20, 1910, a week after after her death, a memorial service was held in St. Paul's Cathedral, which seemed filled with a solid mass of nurses and soldiers. On the south side of the dome were fifty Chelsea pensioners from Chelsea Hospital, the home of disabled soldiers, all wearing the Crimean medals. In front of the choir steps was the band of the Coldstream Guards. When the long roll of the muffled drums before the Dead March was heard it seemed to those present like an echo from the far-off past, a memory of the Crimean cannon. She "knew their voices of old." Representatives of every regiment which had fought in the war were there to do her honor. At the same moment her coffin, carried by nine men chosen from the battalions of the Guards

which had been in the Crimea, three from the Grenadier, three from the Coldstream and three from the Scots, was borne into the little country churchyard of West-Wellow. Guarded by her soldiers and surrounded by her friends the lady-in-chief was laid to rest, as quietly and unostentatiously as she had lived.

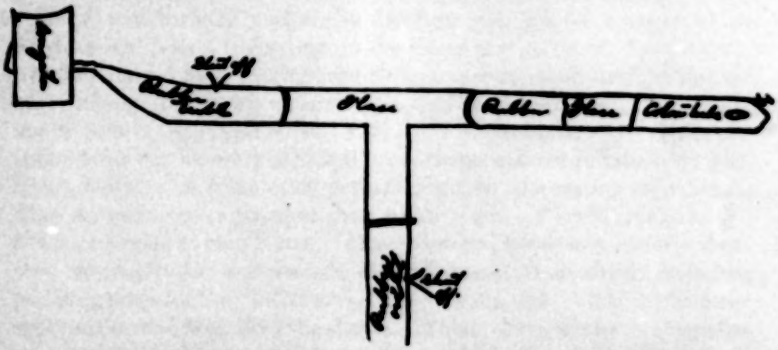
Being dead she yet speaks to us, holding up that high ideal of self-devotion and self-sacrifice without which a nurse's life can only be a daily round of ignoble toil. Duty is ours to do, as it was hers, and her example will help us to do it more faithfully if we will follow it.

IMPROVED METHOD OF COLON IRRIGATION

By BERTHA M. VOSWINKEL, R.N.

Graduate of the Episcopal Hospital, Philadelphia

Nurses when required to give colon irrigations rather dread the proceeding. In some hospitals, where two tubes are inserted, there is always more or less discomfort to the patient. And the other process of giving the irrigation by means of the colon tube and a funnel is a lengthy proceeding, although attended by less discomfort to the patient.



Dr. George Roe Lockwood, of New York, has devised a very simple apparatus by which the colon can be thoroughly flushed with practically no discomfort. It consists of a glass T, one arm of which is connected with the tube from the irrigator. The other arm is attached, by means of a short rubber and glass connection, to the colon tube. To the lower arm of the T an outlet of about two feet of rubber tubing is attached; the free end being placed in a bucket or other receptacle.

There is a "shut off" on the tube coming from the irrigator, and a

"shut off" on the outlet. When the water is entering the colon, the *outlet* is shut off, and in passing from the colon, the *inlet* is shut off.

The irrigator may be placed on a stand near the bed and kept replenished until the desired amount has been given. A douche bag could be used, hung low, but either a graduated glass or enamel irrigator is to be preferred, where one can see exactly how much the patient can retain at one time, and where you can also see the temperature.

The colon tube and T are especially made for Dr. Lockwood, and every tube is examined and approved by him and marked with an L. before being sold.

The rubber is very smooth and firm; eyes well depressed and very smooth.

The tubes may be had in different sizes. The complete set, consisting of colon tube, connecting glass and rubber tubes, two shut-offs, irrigator and two feet of rubber tubing, may be had for about six dollars. All the parts are sold separately, so a nurse can easily connect the apparatus for herself.

After once giving a colon irrigation in this way, she will wonder why it was not thought of before.

NURSING IN MISSION STATIONS

LIFE AT A MISSION NURSING HOME, DURBAN, NATAL, SOUTH AFRICA

By MARTHA S. MacNEILL, R.N.

Some of you have probably said, "Think of a nurse being happy in Africa!" I say, "Think of anyone being unhappy in Durban!" If any of you could see these wonderful South African hills combined with the rocky shore of the great old Indian Ocean, with millions of shades and colors blending in the sunlight; flowers, trees, and birds of every imaginable description, and then live for a while on this lovely hill overlooking Durban in the valley, you would say, "Of all places on earth Africa is most ideal." I sometimes sit on my balcony in the evening, when all the lights of the city are beaming below me, and wonder at the beauty of it all in a land which I have always thought of as a partially cultivated wilderness.

Now just imagine you are in Durban with me for a short while. First we will take a trolley car on the Berea and go down, down, down, winding around hills, sinking into valleys and up again until at last we are reminded that we are not in Fairy-Land by the new town hall appearing in front of us. Next we will visit a few places in the city. When we step off the car we are confronted by, perhaps, a dozen rickshaw boys with horns, feathers, or some other artistic ornament decorating their heads. They are rather too anxious to show us the town. We will first go to the beach, a second Coney Island. Here there are tea rooms, electric theaters, skating rinks, and various other forms of amusement, including paddling pools for the "kiddies." Now for a plunge! There is one large space enclosed to keep away the sharks. This is divided into three smaller ones, one for men, one for women, and one for both. Only white people are allowed here and in fact natives are not permitted to equalise themselves with Europeans in any way. This rule is as strictly enforced here as it is in the southern states in America. After our "dip" we will enjoy the music for a while, then take a launch across the channel to the bluff. The whaling station is here and we shall be tempted to tightly grasp our noses or indulge in an inhalation of smelling salts. There is scarcely a day during the whaling season when less than two or three whales are brought in, and there are frequently many more. We can

hear sizzling and frying in every direction, where the blubber and other parts of the monster are being cooked.

Now we will go to Dr. McCord's dispensary where native patients are seen. There will probably be thirty or forty heathen and Christian natives, each awaiting his or her turn to see the doctor. Few of the heathen can speak English, so we understand very little of their conversation. If we could understand Zulu we should hear surprising sentences of wit, humor and sound common sense, for the Zulus are not a stupid race by any means. The Christians are dressed about as ordinary people. The heathen men wear only small girdles of skins until they come to town, when they are required to wear clothing. The heathen women wear girdles, necklaces and bracelets of beads. A blanket wound about the body completes their street costume. The ears of both men and women have enormous holes in them where they put strings of beads, pieces of grass, safety pins or any other ornament obtainable. These holes also serve as receptacles for snuff spoons—most of them use snuff.

If a woman possesses a baby it is strapped to her back in a skin cradle, wearing only its birthday gown. After each patient has been examined and prescribed for he is dismissed unless it is necessary to keep him in the hospital.

FOUR ZULU NURSES; ALL SPEAK ENGLISH WELL AND WRITE NICELY

A ZULU WOMAN'S HEAD-DRESS

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK, R.N.

THE CAMPAIGN AGAINST VENEREAL DISEASE

When the Congress of Nurses met in London, 1909, they took precedence of medical men in that country in declaring war on venereal diseases. In that year we were told of a medical woman in England whose wish to present a paper on this line before a medical society had been refused. But now this is changed, and the following letter, signed by thirty-eight leading practitioners, has been published in the English press:

Sir: The increase in medical knowledge during the last sixty years has been extremely rapid, and the control of health problems by the state and municipalities has become one of the most striking features of modern civilization. The state has compelled local authorities to build asylums for the insane; it has encouraged them to make provision for the segregation of cases in infectious fevers; it has insisted on the notification of many infectious diseases; it has undertaken the inspection of children on a colossal scale; it has introduced an elaborate machinery to ensure the purity of foods, and it is steadily at work laboriously building up a vast system of public health legislation. Today we are all looking forward to what may be the effects of the campaign against tuberculosis, and the community has cause to congratulate itself on the organized national effort that it is about to make to eliminate the disease.

In all this organized effort there is one noteworthy omission. There has always been a conspiracy of silence as regards venereal diseases. The time, however, has come when it is a national duty to face the facts and to bring them prominently to the notice of the public. When the subject was discussed last year at the Royal Society of Medicine it was stated without contradiction that in London alone there are 40,000 new cases of the gravest form of the disease every year, and in the United Kingdom as a whole 120,000 such cases. The worst form of venereal disease is highly contagious and dire in its effects. It claims its victims not only from those who have themselves to blame for contracting it. It is one of those diseases that may be transmitted from parent to child, so that the offspring of a sufferer is born with the virus actually in its tissues, to cause, it may be, hideous deformity, or blindness, or deafness, or idiocy, ending often in premature though not untimely death. Innocent members of the public, wives, children, doctors, dentists, students and nurses are among those who during the routine of their ordinary life are often accidentally called upon to pay a tragic penalty for the wilful blindness that ignores its existence. There is a great volume of evidence that locomotor ataxia and general paralysis are its belated manifestations.

We are living today in a new era as regards diagnosis and treatment. The microbes responsible for these diseases have been discovered in recent years. Means of diagnosis far in advance of previous experience have been elaborated, and treatment has been enormously improved. The time is, therefore, appropriate for an organized effort on a comprehensive scale to reduce the incidence of these diseases. The experience of the Royal Army Medical Corps during the last few years has shown the enormous reduction in all forms of the disease that can be brought about as a result of systematic effort.

Organized effort among the civilian population is impracticable until the public conscience has been aroused, and can only be attempted after a full and authoritative investigation. We appeal, therefore, to the public through your columns to demand the appointment of a royal commission—its members to include a substantial majority of medical men—to investigate the facts and to recommend what steps, prophylactic and therapeutic, should be taken to cope with these diseases.—Yours, etc.

The International Medical Congress, which has just met in London passed these resolutions:

That, sensible of the ravages wrought by syphilis in the health of the community and deploring the inadequacy of existing facilities for checking its dissemination, the International Medical Congress calls upon the governments of all the countries here represented—

1. To institute a system of confidential notification of the disease to a sanitary authority, wherever such notification does not already obtain.

2. To make systematic provision for the diagnosis and treatment of all cases of syphilis not otherwise provided for.

ITEMS

The *British Journal of Nursing* says:

The large majority of the London dailies ignored the resolutions passed in the public's interest at the recent annual meeting of the Society for the State Registration of Nurses. This is not strange when we realize that several of the proprietors of these publications are responsible as governors of hospitals for the abuses to which the resolutions referred. But in spite of their boycott wide publicity has been given to the nurses' protests, through the *British Medical Journal*, a large number of non-partisan papers, and the Women's Press.

DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

EDNA L. FOLEY, R.N.

BOSTON. *The British Journal of Nursing* for August 30, has a glowing account of the eight months' course offered by the Instructive District Nurses' Association. Other nurses have felt that the course so opened their eyes to the bigness of the possibilities of public health nursing that they have wished to share this knowledge with all the readers of the JOURNAL, and their letters are so interesting that it is a pity space forbids printing them. When nurses begin to realise that everyone is a part of the great public for whom education is desired, then the wise advice of Dr. Osler to the practitioner of medicine to take a three months' holiday for a quinquennial brain-dusting will seem fitting for other servants of the public need as well. How many nurses realise how constantly they are giving of themselves to others, by word or deed? And how many of these same nurses do any worth-while studying or reading to recruit the over-worked grey cortex? Far too few. Many nurses fail to appreciate the need for constant study or periodical brushing up. Those who can't spare eight months or four months, or the money for an annual meeting are apt to forget that money so invested brings a big return. Some nurses may not know that many accredited universities, such as the University of Wisconsin (Madison) and the University of Chicago, prepare splendid correspondence courses on almost every subject. These courses, provided they are given by well-known schools, are well-arranged to meet the needs of even the busiest workers. Several Chicago nurses are planning to take an excellent correspondence course in English which Wisconsin is offering at most reasonable tuition rates. The Chicago School of Civics and Philanthropy is offering a correspondence course in sociology. While but make-shifts, if one can afford both time and money to take the regular course in Columbia or Boston or Cleveland, these correspondence courses offer good mental stimulation and training and keep busy workers in touch with the constantly-expanding thought and research of the academic world. Dr. Osler advises that a start be made from the first, to save for this fifth-year vacation into the realms of fresh study. The modern savings bank is so accommodating that

no nurse need protest her inability to lay aside a regular percentage, and the results will more than atone for the sacrifice. An ancient saying that has stood the test of twenty centuries advises us to "Learn more, earn more," and whether our reward meet us in the hand or in the heart, the promotion it implies, the success it will bring, come when we fit ourselves to meet the demands of each new opportunity. The royal road to worthy service is over the rocky path of repeated effort. Let us not always let other people do our thinking for us.

CHICAGO. The long-desired "Standing Orders for the Visiting Nurse Association," as described in the March JOURNAL, have at last taken visible form in a well-printed blue folder (size 8½ by 3½ inches) which is just a little smaller than the average business envelope. The cover bears the imposing title "Standing Orders for the Visiting Nurse Association of Chicago," and just beneath is printed, very distinctly, the words "Corrected and Approved by the Chicago Medical Society. To be used Only When Previous Orders Have Not Been Left by the Attending Physician." Inside the folder two sizes of print are used, the larger type designating the condition or disease, the smaller the treatment. At the end is placed the notice to physicians. Two conferences were held over the proposed orders with the Secretary of the Chicago Medical Society; some minor changes were made at his suggestion, and the orders were finally printed in the Bulletin of the Society before being put into general circulation. Now each nurse carries several copies of the orders with her and leaves them with any physician interested. They are not left in the homes of the patients.

The suggested changes and criticisms may be of interest to nurses contemplating similar orders. The only changes of note were the omission of the "gargle" in the treatment of "sore throat," and patients suffering from minor injuries and discharging ears were advised to seek medical advice rather than free dispensary treatment. Naturally, the economic condition of the patient would always be considered before free medical service would be sought.

Few criticisms were received, in spite of the fact that many visiting nurses must have ideas on this subject. One from New York said that the doctors would not permit so much unprescribed treatment. Another very interesting one from Boston is well worth reproducing in part.

> The plan for standing orders for Visiting Nurses, would, I believe, make the work of such nurses much less complicated; and if the plan were carried out in a united movement throughout the entire country, there would be little difficulty experienced in persuading the members of the medical profession, hospitals and dispensaries to accept it.

In rural districts the endorsement of the medical societies goes a long way toward making a movement popular among the physicians.

The Visiting Nurses who are a part of large city organizations are very much handicapped by the hard-and-fast rules necessarily laid down by the associations with which they work, and working in this way under such strict rules slowly saps their individuality of thought and action, and many of them become in the end mere machines.

Recognized standing orders would help the nurse greatly and give her more freedom of action—that is, if these standing orders were *universally* recognized.

My only criticism of the list of standing orders printed in the March number of the AMERICAN JOURNAL OF NURSING would be that they are too allopathic, especially for use in New England, where there are so many homeopathic physicians with large practices among the people who need the care of the Visiting Nurse. A nurse, of course, is neither allopathic nor homeopathic, but should have an intelligent understanding of both schools, and be able to apply their different methods. A list of orders could easily be made which would be acceptable to both schools.

It has been my good (or evil) fortune to care for cases of very severe burns in the homes of the patient, and I would suggest that the nurse needs more orders to choose from than those printed in the list, especially in regard to first dressings. In one case to which I was called, a baby was saved much suffering (and the physician said a bad scar) by the mother's prompt use of oil. A nurse should be equally free to use her knowledge and intelligence in such cases.

Yours very truly,

[Signed] ELIZABETH ROSS, R.N.

Boston, Mass.

Miss Ross's suggestion that the "Standing Orders" be made for national rather than local use, is a good one, but it is feared that New York physicians would refuse to sanction a p.r.n. enema or saline flushing, how could metropolitan orders meet the needs of rural nurses whose orders must of necessity be far more comprehensive? Further discussion, both urban and rural, is solicited.

Lively testimonial to the value of pre-natal visiting is present frequently at one of the conferences of the Infant Welfare Society of Chicago. Several months before a baby's birth, its mother complained of "headaches and tired feeling" to the nurse who was making her regular visit; at the end of this call the nurse carried away a specimen of urine. An accommodating neighborhood druggist made a test and the specimen was found to be heavy with albumen. The family doctor was next sought and he called on the patient (who would never have dreamed of sending for a doctor "only for a headache"). Prompt treatment was instituted, the threatened trouble averted and at the usual time a normal delivery occurred. This means that another American citizen has been given a fair start.

Elizabeth G. Fox (Johns Hopkins), a former Chicago Visiting Nurse, has gone to Dayton, Ohio, as Superintendent of the Visiting Nurses of the Flower and Fruit Mission.

Regina Sessman (Red Cross Hospital, Kansas City), has resigned from the Visiting Nurse Association to accept the position as Visiting Nurse for the Stillwell Manufacturing Company of Quincy, Illinois.

Quincy school children have been having a wonderful summer outing this year, planned and carried through by Ruth Smith (St. Bernard's Hospital, Chicago), the school nurse and assistant truant officer. One hundred and fifty children have been given their first truly vacation in the country and fifteen or twenty of their adult fellow-citizens have helped to make the vacation a memorable one. Miss Smith understands cooperation to mean personal service from everyone, and teachers, pastors, principals and many others have helped her make the camp a success.

Ohio. Cecelia Evans (Mary Thompson Hospital, Chicago), a former Chicago Visiting Nurse and Robb Scholarship student at Columbia, 1912–1913, has entered on her new work at Cleveland as director of the Post-Graduate Course for Visiting Nurses offered jointly by the Visiting Nurse Association and Western Reserve University.

Helen M. Green (Illinois Training School) is demonstrating, in her home town of Ravenna, how varied may be the accomplishments of a graduate nurse in a town of 6000. She is the county nurse, the school nurse, the juvenile probation officer and local visiting nurse. During a recent vacation spent in Chicago, Miss Green addressed the staff of the Visiting Nurse Association and made rural nursing sound both interesting and highly attractive.

Virginia. Miss Gulley (Old Dominion Hospital, Richmond, class, 1900) has bought a farm beautifully located in the Piedmont region of Virginia, near Leesburg, with a view of taking a few frail boys between the ages of six and eight years to give them the benefit of outdoor life under skilled supervision.

Elizabeth Cocke (Old Dominion Hospital, Richmond, class 1900) and Nell Ewald (U. P. I., Baltimore, 1911) have established a school for nervous and backward children, known as "St. Christopher's" at Dumbarton, about six miles from Richmond. A specially-trained teacher will be on their staff.

New Jersey. The Visiting Nurse Association of Somerset Hills has had a busy year. Formerly of Bernardsville, it has grown until the work now covers two districts, including several villages. Three sub-committees plan for the supplies and relief in four sections and six standing committees plan the work of the two nurses, and ways and means for the Association. The work done with the school children is particularly noteworthy, for besides frequent routine inspections, over 1500 children were examined by the Medical Inspector for physi-

cal defects and more than 300 children in one township had their defects remedied. Throughout the year public talks and moving picture exhibits were given in the different towns, and both parents and children became interested in advancing the cause of public health. Augusta G. Reed and Daisy Dobbin are the visiting nurses.

PENNSYLVANIA. The Visiting Nurse Association of Wilkes-Barre was organized in 1908 and one nurse engaged. The fifth annual report shows a steady growth to four nurses and two half-time pupil nurses. Margaret R. Burns is the Superintendent Nurse. Besides covering Wilkes-Barre and South Wilkes-Barre, the nurses make visits in nineteen nearby towns and boroughs. Covering all this hilly territory, over 10,000 calls were made last year.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELISABETH ROBINSON SCOVIL

GELATIN AND OLIVE OIL IN TYPHOID.—Dr. Bram in the *New York Medical Journal* advocates the use of gelatin in typhoid as a preventive of intestinal hemorrhage, its hemostatic properties being well known. From one to three ounces of olive oil a day increases the food value and also permits the intestinal contents to be expelled without irritating the inflamed Peyer's patches. The intestine being free from gas-forming elements is seldom distended and there being no tympanites, the danger of intestinal perforation is lessened.

AID IN REDUCTION OF HERNIA IN INFANTS.—*The Journal of the American Medical Association* reports that a surgeon in attempting the reduction of an inguinal hernia in an infant three months old was unable to succeed because the incessant screaming of the child caused the abdominal wall to stiffen unyieldingly. Blowing sharply into the child's face caused the screams to cease and in consequence the abdominal wall relaxed, allowing the hernia to be returned.

LIME IN THE DIET DURING PREGNANCY.—The same journal quoting from a German contemporary, emphasizes the importance of supplying lime to the pregnant woman. Meat, bread and potatoes contain so little lime that the mother is deprived of her proper proportion to supply the needs of the fetus. Rice, cocoa, beans, peas, milk, yolk of egg, spinach, butter and cheese contain more calcium oxide than meat and potatoes and should be used to supplement them.

ASSISTING DRAINAGE.—*The American Journal of Surgery* advises that to encourage the drainage of pus from the pelvis through an abdominal wound the patient should lie face downward at intervals, preferably with the foot of the bed elevated; but not until two or three days after the operation.

FETAL MEMBRANES FOR SKIN GRAFTING.—The same journal comments on the new procedure for skin grafting, the use of the amniotic layer of the fetal membranes. If the membrane is to be used immediately, it is washed free of blood and vaginal secretions with normal saline solution, and bottled in that solution until needed. If it is to be kept on hand for several weeks it is dried with sterile gauze after washing and stored in a preservative mixture. The glistening, inner surface of the amnion is applied to the wound.

Difference Between Symptoms of Scarlet Fever and German Measles.—In a paper on this subject in the *Medical Record*, Dr. S. Dana Hubbard says in scarlet fever the glands are swollen and tender, in German measles they are soft, enlarged, but not tender. The post-cervical glands, at the back of the neck are swollen and feel like a small string of beads. This is an early diagnostic symptom. In scarlet fever the onset is sudden and more or less severe, the tongue coated, there is vomiting, the rash appears quickly, spreads rapidly and disappears gradually, coming first on neck and about the clavicles. There is itching; desquamation begins in from twelve to twenty-four days, the skin coming off in large sheets, or patches.

In German measles, the onset is sudden but not severe, the tongue is not affected, the rash begins about the nose and lips, in one part at a time, fading there as it spreads to another part, covering the body in about twenty-four hours. Desquamation begins in about three days, the skin peeling in tiny scales resembling bran, technically "furfuraceous."

Consumption in Medicine.—In the same journal Dr. Beverley Robinson protests against the exaggerated and widespread notion of the marked contagiousness of pulmonary tuberculosis. He believes that only under certain circumstances is the disease carried from one person to another—usually in the advanced stages—this almost always may be prevented by a few careful observances and by intelligent and simple treatment.

He decries the use of the ice bag in appendicitis as preventing the reestablishment of circulation in the appendix and adjacent colon.

Lessening of Pain in Abdominal Operations.—In his address before the British Medical Association Sir Berkeley Moynihan speaks highly of the methods of Crile in lessening the pain and shock following abdominal operations. By administering a small dose of morphine and scopolamine before the operation and erecting a barrier around the field of operation by means of local anesthetics, so that for the time being no nerve impulses can be conveyed from it to the brain, it is possible to perform any operation within the abdomen without serious shock and without intolerable pain after the operation.

The Full Moon and Menstruation.—In a letter to the *Medical Record*, Dr. Thomas Evans asserts that the majority of women are free of menstruation at the time that the moon is full. He advises this time to be selected for gynecological examinations and says that confinements rarely take place then. He believes that certain electrical conditions which are coincident with the phases of the moon are responsible for these results.

Nursing as a Milestone.—In a paper on surgical milestones, in the *British Medical Journal*, R. C. Brown says that the modern system of

nursing had its commencement in 1836 when the institute for training deaconesses was founded at Kaiserswerth. It was here that Florence Nightingale acquired the practical knowledge which enabled her to turn her remarkable gift of organization to such brilliant account.

Pasteurization of Milk at Low Temperatures.—*The Medical Record*, referring to the experiments of the Dairy Division of the Department of Agriculture, says it has been found when milk is pasteurized at 145° F. for thirty minutes the chemical changes are so slight that the digestibility of the proteins can hardly be affected. When low temperatures are used the majority of the bacteria that survive are lactic acid organisms, whereas the bacteria which survive pasteurization at high temperatures are largely of the putrefactive kinds. It takes about 22½ per cent less heat to raise milk to a temperature of 145° F. than to 165°F.

Treatment of Drowning.—*The Johns Hopkins Hospital Bulletin* highly commends the treatment for the resuscitation of the apparently drowned, introduced by Professor Schäfer in 1903. Every second is of importance. Without waiting to loosen the clothing, the patient is placed face downwards, or prone upon the ground. The operator kneels on one side, facing the head, and places his hands close together flat upon the back, over the loins, the fingers extending over the lowest ribs. By leaning forward upon the hands, keeping the elbows extended, the weight of the operator's body is brought to bear upon the subject. This compresses the lower part of the thorax and the abdomen against the ground. The pressure is applied gradually, not violently, for about three seconds and is then intermitted by the operator swinging his body back without removing his hands. The chest and abdomen resume their usual dimensions and air rushes in through the trachea. After two seconds the process is recommenced, the operator swinging his body, once in five seconds, or twelve times a minute, without any violent effort and the least possible exertion. Efforts should be continued for six hours or more.

Good Advice.—Sir Hans Sloane, an eminent English physician, born in 1660, said to one of his friends: "I advise you to what I practice myself. I never take physic when I am well. When I am ill I take a little, and only such as has been very well tried."

LETTERS TO THE EDITOR

(The editor is not responsible for opinions expressed in this department.)

WIDER INFORMATION NEEDED OF STATE BOARD REQUIREMENTS

DEAR EDITOR: The opinion on state registration given by the Iowa nurse (in the July JOURNAL) is certainly ideal. To publish a notice in the daily and weekly papers would also be of advantage to the people employing nurses. I hope we may have more opinions on this subject in the JOURNAL. I shall be looking for the State Association to publish a notice at its earliest convenience. R. N.

Nebraska.

HOW CAN AN ASSOCIATION RAISE MONEY?

DEAR EDITOR: Can any of the readers of the JOURNAL suggest anything new or novel in the way of entertainment by which an association can make some money? Is there any play written that would be appropriate for nurses to give who have some talent in that direction? L. B.

Iowa.

MATERNAL IMPRESSIONS

DEAR EDITOR: I was much impressed recently by the history given by a mother who brought her ten-year-old son to New York City for an examination from an orthopedic standpoint. He was affected with torticollis of the left side; congenital. Aside from this, however, there was an absence of the ring finger on the left hand, although the hand was perfect otherwise, and of the same size as the other hand. The history the mother gave was as follows: During the third or fourth month of pregnancy, there was a fire in the Orphan Asylum of the town in which she lived, and she ran to the scene of the fire to help save the children. She succeeded in passing twelve children on to safety, but the last one was very badly burned about the hand, so much so that one finger dropped off in the snow as she hurried away with it. She said that this preyed on her mind during the rest of pregnancy, and when the child was born, this finger was absent, and a perfect finger was shown on the left side of the face. This had been removed by a surgeon during infancy, but a scar still remained.

This was interesting to me, because, I have been given to understand by obstetricians that the theory of "birth-marks" is an exploded one. M. B.

New York.

[A nurse who has been given careful training in obstetrics will have learned that the foetus is fully formed at the end of eight weeks, and will help to dissipate the idea of maternal impressions rather than to encourage them.—ED.]

BOUND JOURNALS ON HAND

DEAR EDITOR: I have on hand, with the exception of April, 1912, a complete file of the JOURNAL, the first five volumes being handsomely bound in green leather. I have come to no decision as to where to place them and would rather make a bar-

fire of the lot than to send them where they would not be appreciated or carefully handled. I should be glad to hear from some one who is looking for a file for a library or a training school. A. R.

Massachusetts.

[Letters intended for this writer may be sent in care of the editorial office of the JOURNAL, Rochester, N. Y.—ED.]

"AN UNUSUAL CASE"

DEAR EDITOR: The August number of the JOURNAL contains an account of an "unusual case" by J. R. S., which appears not at all unusual, but a typical case of hysteria, as we so frequently see it. I have in mind a recent case in our hospital.

The patient, a young girl of sixteen, was sent to us from a Rescue Home about four weeks after delivery, and during my absence on a vacation. When my senior nurse, upon my return, reported the case with a respiration, at times, of 80 to 100, "hysteria" flashed through my mind, but was driven out by the seemingly alarming symptoms. The patient would complain of severe pain in side, in region of gall bladder and appendix, of cramps in limbs, of severe stomach trouble, etc. The case puzzled three of our best doctors, as no surgical conditions could be found. Morphine gr. ¼ was ordered, p.r.n., and we noticed that as soon as it was given the patient would become apparently free from pain. This was reported to the doctor in charge. One afternoon she developed a pain and cramp in the neck, cried and screamed, could not turn over, became "unconscious," etc. Respiration at this time was 80. During this attack the doctor came in, and at once recognized hysteria. He told me to give no more morphine, but to give aspirin, gr. v, with suggestion, which I did, and the patient *immediately* became free from pain, sat up in bed and visited with the other patients in the ward. The next "attack" she had I gave calomel gr. $\frac{1}{10}$, with suggestion, with immediate results. Then the doctors told her she was well and could get up and dress, which she did, and in a few days returned to the Home.

Since that time she has had a few attacks, which the matron of the Home handled as we had done. She reports that they are becoming less frequent, and believes they will soon cease. SUPERINTENDENT.

Oklahoma.

SPECIAL NURSING IN HOSPITALS

I

DEAR EDITOR: I always look forward to reading the JOURNAL and am just now in from a case, so tired physically and mentally, that it is almost with fierce joy that I recognise an interest taken in graduate special nurses.

I am a graduate from a leading Los Angeles hospital, and I prefer hospital nursing, but too great attention cannot be given to the arrangements made for and given to "specials" called in for private duty. A few weeks ago I was called on a case for an operation and asked to report at 10 A.M., Monday. The patient arrived at 11, and the rest of the day was spent in "making her comfortable," in surgical preparations, and in easing a highly nervous temperament. A more bilious patient I never saw. Because of close bookings, her operation was set for 7 A.M. and the night was disturbed for her by attacks of vomiting and distress from purging. The necessary preparation for the operation—flushings, douches, catheterization, etc., had to be begun at 4 A.M., and the nurse almost needed attention

herself. Our method is to take the patient to the surgery, remain until she is anæsthetized, then return to the room, make the "other bed" and have everything in readiness for the return of the patient, emergency hypodermic for shock, etc., then the rule is that for a laparotomy the nurse remains dressed, awake, alert, beside the patient during that day and night, being relieved for meals, possibly fifteen minutes, until the hospital furnishes relief the next morning. So, in this case, I was on duty from Monday, 10 A.M., until Wednesday 9 A.M. When my relief came, which was for five hours, I was so tired that as I changed from uniform to street clothes I could hardly walk or stand.

At that time there were thirty special nurses in the hospital. For our board our patients paid $7 a week. The dining room was packed at every meal, and the "specials" ate with the nurses in training—only one long table being provided. The table was covered with soiled china, you could never find your own napkin, nurses were waiting behind each others' chairs for a seat, and they sometimes ate bread and sugar, or a baked potato, because nothing else was palatable, and while eating realized that their patients upstairs were wondering where in the world they were for so long.

The dressing room for all that crowd of nurses was about 8 by 10, suit cases piled to half the height of the room, uniforms hanging by one shoulder, nurses sitting on the floor to try to get their shoes on, the air so close one almost fainted, every one "peeved."

Can't something be done for nurses? The question of nursing a man, with a screen, is a big one, but I must not take more space. S. E. E.

California.

II

Dear Editor: In answer to S. Y. X., on Special Nursing in Hospitals, I will tell her my way of having solved the problem. I am a graduate of much more than three years' standing and I have never found any years hard.

I left Boston where I graduated some years ago and came to a city where we have two very good hospitals with good training schools, and I have had calls to go on special duty in these hospitals. I have always refused and will always do so. Why? My reasons are, first, that I think the graduates of these hospitals should be willing to go back at any time they are asked to. I would do so gladly if my own hospital asked me and I have done so in times past; also, I do not like hospital routine after so many years of private nursing. What S. Y. X. complains of in her letter, of not having any privacy while on special duty is very true, but she is not obliged to take the case as there are plenty of nurses who like to go to these hospitals who are graduates of other schools; so why complain of conditions that cannot be changed (at present)? We all take cases of our own free will and I have had no ill feeling from the doctors here because I refuse to go to the local hospitals.

About the "last straw," that nurses have only $35 per week in the hospital. I consider that a fair remuneration, as in all large hospitals, such as the Boston City and the Massachusetts General, the patient is obliged to have a day nurse and a night nurse, and one can easily figure up the expense of an illness lasting weeks or months. My rate per day, for less than a week, is $6, including laundry, and I have had no difficulty in getting it. Now, my dear sister nurse, let me give you a bit of sisterly advice. When you have nursed three times three years you will have gained a little more worldly wisdom, and will know better how to adapt your-

self, and truly, as the very "last straw," it is in your power to refuse the special duty and remain at home, as no human being is so valuable that his or her place cannot be filled, and there are plenty of nurses who gladly do hospital work.

Massachusetts. BOSTON CITY GRADUATE.

TIME OFF DUTY

DEAR EDITOR: I have been interested in letters in the JOURNAL on both home and hospital nursing by the private duty nurse. I have been doing private duty work for seventeen years, and have never found it hard to get time off. If the patient or family do not expect me to take time, it is because, as a rule, they do not understand the necessity of it, both for the patient and the nurse. I explain that better work can be done and that the patient improves more rapidly because of the nurse coming back rested and bringing with her a little of the outside world. After such explanations, I have never found either the patient or family disagreeable about it. The amount of time taken would be regulated by sleep lost and home conditions. One thing insisted on is two hours out of every twenty-four.

I have never nursed in a hospital where the superintendent was not willing to give "specials" relief. We, the "specials," replies that we were given no thought when hospitals were built, but this condition would not exist if the superintendents were consulted.

A few words to the new graduate about isolated country cases: I ask for a pail for "slops" and place it out of doors, near by, then I ask for plenty of water, so that at night, or even by day, I am not obliged to run quarter of a mile for water, or to the out-door closet. I have always found some member of the family willing to care for the cases, and keep up the water supply, for they look on that as their share in helping their loved ones regain health, and in so doing they help the nurse to retain hers and to do better work. Always go halfway, and maybe a step over, and the next time you will find them meeting you more than halfway and singing your praises to their neighbors. M.

Michigan.

CONDUCT OF NURSES

DEAR EDITOR: I have been a silent reader of the JOURNAL for a number of years and have enjoyed the various discussions very much, especially those on the conduct of nurses. I think this very important subject should be impressed more forcibly on pupil nurses, especially in small schools. A nurse cannot be too careful, especially in public, where the eyes of all are upon her. The trained nurse is never unnoticed. Let us, as women stand for what we mean, dignity, refinement, purity and gentleness, not for something to be gestured about. Nursing is a noble work, but so abused by some who do not head or come up to the standard. I appreciate the fact that there are many who love it and are working for higher education and a higher standard among those who would enter the profession. May we rapidly push the work along until all are debarred who cannot come up to it.

I do not think a nurse can do her patient a greater harm than to discuss her or her troubles with any one. She should never mention anything that passes while the patient is in her charge. There are always busybodies ready to gain, and to ask what he or she has done or suffered. I make it a practice to inform such that of course the patient was sick, but that I do not care to discuss their troubles. It means much to a nurse to be able to keep her counsel. M. T.

Georgia.

CONDUCT OF PATIENTS

DEAR EDITOR: In the article entitled Patients' Criticism of Nurses in the July number of the JOURNAL all that is said is probably true, yet I question whether it should have been published. It may be well to state these few facts in an association meeting, but not in a public journal. Family matters should, I think, be settled in the family. If, however, such things are to be published, it is well to remember that there are two sides. The bills for gas and electricity will be larger when a nurse is in the house, but that is because some member of the family is ill and requires their use. The increase is due to the illness, not to the nurse. In like manner, be the nurse ever so careful, there is bound to be an increase in the laundry work during illness.

Moreover we nurses very well know that our patients are not only sometimes unkind and unreasonable but, what is still more trying to our sensibilities, they are often vulgar and immodest. I am not speaking now of people in such lowly walks of life that they have had little chance to learn better, nor of the nouveau riche of whom we expect little better, but of those who are the children of what might be called the first families of America.

I have been summoned to bring the baby to kiss its mother good-night and have found the mother lying on her bed for a before-dinner rest, her husband lying beside her in his bath gown and bare feet, and a pretty little handmaid of sixteen performing some duties about the room. One baby's mother sent for me to come to her room one morning to perform some small, entirely unprofessional service. She was bewitchingly pretty and very charming; but she did make me angry by walking about the room while talking with me without her petticoats.

A lady (?) will come down to breakfast in a kimono and slippered but unstockinged feet and after breakfast stand at the open door and hold conversation with the man servant. If she has stayed in bed for breakfast and the painters arrive, they will be bidden to her bedroom for orders. She seems to think, provided she has her breakfast cap on, that all requirements are complied with. I may be old fashioned but I am astonished to find such behavior where I had looked for restraint and good breeding; and I do think it is simply shocking for a mother, only three weeks before confinement, to sit in the presence of her maid, her little sons and their governess, wearing no garment except one brief undervest.

We do not usually publish such facts and, if we did, there would be a hue and cry out that we were violating the privacy of the home.

On an occasion when the laity complained of the clergy, the reply came back: "We are very sorry but unfortunately there is no one but laity of whom to make clergy." When nurses are complained of, a like reply is pertinent. We have no one but women out of whom to make nurses. Something is wrong in the home.

Massachusetts. R. N.

NURSING NEWS AND ANNOUNCEMENTS

NATIONAL

Nurses' Relief Fund, August 1, 1913

Receipts:

Previously acknowledged	$7,834.70
Mrs. W. K. Draper, New York City	25.00
L. A. Gleason, chairman calendar funds	75.00
Kansas City General Hospital Alumnae Association, Missouri	10.00
Nurses' Alumnae Association, Women's Hospital, Philadelphia	25.00
R. Virginia Hazzard	2.00
Martha C. Woody	3.00
Graduate Nurses' Association of South Carolina	10.00
Anne Williamson, Cleveland, Ohio	5.00
	$7,959.70

Disbursements:

Lucy Minnegerode—postage, stationery	$3.00	
Eureka Printing House—pledge cards	3.75	
L. A. Gleason, chairman—postage, type-writing, expressage, expenses of committee meetings on calendars	63.40	70.15
Balance, August 1		$7,889.55

Nurses' Relief Fund, September 1, 1913

Receipts:

Previously acknowledged	$7,889.55
L. A. Gleason, chairman calendars	6.50
Sara R. Parsons	5.00
Lucy Minnegerode	5.00
Mrs. Rebe T. Foster	1.00
Meadville City Hospital, Pennsylvania	10.00
L. A. Whiten, Meadville City Hospital, Pennsylvania	5.00
M. Kaler, Meadville City Hospital, Pennsylvania	1.00
M. Newman, Meadville City Hospital, Pennsylvania	1.00
The Nurses' Registry Association of Colorado Springs, Colorado	25.00
St. Luke's Hospital Alumnae Association., Richmond, Virginia	10.00
	$7,957.05

Disbursements:

Invested in eight bonds	$7,857.04
Balance	100.01
	$7,957.05

Assets:	
Eight bonds, par value	$8,000.00
Balance in treasury	350.01
September 1, 1913	$8,350.01

Contributions for the Relief Fund should be sent to Mrs. C. V. Twiss, R.N., Treasurer, 439 W. 146th Street, New York, N. Y., and checks made payable to the Farmers Loan & Trust Co., New York. For information, address L. A. Gleason, R.N., Chairman, 33d Street and Powelton Avenue, Philadelphia, Pa.

The Relief Fund Committee is preparing a calendar for 1914 to be sold for the benefit of the Relief Fund of the American Nurses' Association. The object of this Fund is to provide financial aid and other relief to nurses in time of need. It asks the cooperation of the superintendents of training schools and the officers of nursing organizations in placing this calendar within the reach of every nurse, thereby making possible a large sum from this sale. Last year over three thousand dollars was turned over to the Relief Fund from the sale of the 1913 calendar.

The calendar which is most attractive with many splendid quotations, will be suitable for the general public. The word "nurse" is not to be printed on the cover page as last year. The calendar will be an original design and made to rest on a desk or hang on the wall, as one wishes, and will be enclosed in a cardboard folding box instead of the white envelope as last year. The calendar will be ready for shipment by October 1. Price, 50 cents; if sent by mail, additional postage, 4 cents.

The committee has thought best to have one person in each state responsible for the sale of calendars, she to choose her assistants throughout the state. Up to this date the following have accepted: Connecticut, Mrs. W. A. Hart, Stratford, Conn.; Pennsylvania, Margaret W. Ayres, Philadelphia Club for Graduate Nurses, 1809 Arch Street, Philadelphia; Mississippi, Lucia Steele, 202 S. Union Street, Natchez; Kentucky, J. O'Connor, Nurses Central Directory, 922 S. Sixth Street, Louisville; Georgia, Lucy Minnegerode, Savannah Hospital, Savannah; District of Columbia, Registrar, of the Registered Nurses Club, 1207 K Street N. W., Washington; Delaware, Anna M. Heck, 822 W. 9th Street, Wilmington; Nebraska, Annie Ambridge, Bishop Clarkson Memorial Hospital, 2169 Howard Street, Omaha; Rhode Island, Elizabeth F. Sherman, Central Directory for Nurses, 24 George Street, Providence; Idaho, Mildred Clark, St. Luke's Hospital, Boise; New Jersey, Mary R. Rockhill, 734 Wright Avenue, Camden; Ohio, R. Eldred, Jeffrey Manufacturing Company, Columbus; Maine, Harriet M. Hubenfeld, Maine General Hospital, Portland; New York, Pauline L. Dolliver, Central Registry of the New York County Registered Nurses' Association, 54 E. 30th Street, New York City; Wisconsin, Miss Newhouse, 315 Marshall Street, Milwaukee; Texas, A. Louise Dietrich, St. Mark's Hospital, El Paso.

American Association for Study and Prevention of Infant Mortality. The fourth annual meeting will be held in Washington, D. C., November 16-17. Meetings will be held at the Hotel Willard, with the exception of that on Sunday afternoon. The section meeting on Nursing and Social Work will be held on Friday, November 14, beginning at 11 a.m., with Harriet Leete of Cleveland as chairman, when three papers will be presented, as follows: "Standards for Infant Welfare Nurses," Zoe LaVarge, Detroit; "The Private Duty Nurse in Rela-

tion to Infant Mortality," M. Frances Stebbenger, Baltimore; "Infant Mortality Nursing Problems in Rural Communities," Fannie Clement. A round table discussion will be in charge of Minnie H. Ahrens, Chicago. Information or circulars may be obtained from the executive secretary, Gertrude Knipp, 1211 Cathedral Street, Baltimore, Md.

The National Association of Colored Graduate Nurses held its sixth annual meeting on September 3, 4 and 5, in St. Peter Clover's Hall, Philadelphia. The association has a membership of 200, and there were present representatives from twenty states. There were a number of very good papers and some interesting discussions. Mrs. Rose L. Williams, who was a delegate to the International Congress of Nurses in Germany last year, gave a fine report of the meetings. Dr. M. F. Mossell, Medical Director of Douglas Hospital, in his address, urged the members to be interested in education and to insist upon a high standard. He asked that pupil nurses be taught decorum. He stated that a high school education was required of pupils entering the training schools of the colored hospitals. Several other doctors gave interesting talks, speaking of the great work opening for nurses along many lines, and insisting always upon efficiency. A committee was appointed to try to secure registration for colored nurses in states where they are now debarred. It was interesting to learn that a majority of the members subscribe for either a nursing or medical journal. The officers elected for the coming year are: president, Mrs. Rose L. Williams; vice-presidents, Misses I. G. Mitchell, S. E. Christie; recording secretary, Miss M. A. Thomas; corresponding secretary, Mrs. C. S. Morgan; treasurer, Mrs. N. L. Kemp; chaplain, Mary Mahoney (who graduated thirty-four years ago from the first training school in America); correspondent for the *National Medical Journal*, Elvira Beckett. After the installation of officers, the nurses with their fine voices sang, "God be with you till we meet again." The next meeting will be held in Norfolk, Virginia, August, 1914.

Department of Nursing and Health, Teachers College, Columbia University. The six weeks summer session of Columbia University opened this year with the unusually large enrollment of 4000 students. This is the second year that the Department of Nursing and Health has been kept open during the summer, and though such necessarily limited courses cannot in any way take the place of the more extended and thorough preparation given in the regular session, it does give the busy superintendent or teacher or social worker an opportunity to brush up in a few subjects, and perhaps get a new point of view or a new inspiration. This year the department had an enrollment of nineteen students, five of whom were former students returning for advanced work along special lines. The others represented the varied fields of administration of training schools, teaching of school nursing, Red Cross nursing, and private nursing. The summer courses which are of special interest to nurses include those on public health nursing, nursing principles and methods, standard of living and public health, nutrition, bacteriology, psychology, physiology, sociology, and institutional administration. There are also a great number of attractive courses in English, public speaking, history, etc., which nurses avail for general refreshment and culture. Students are usually allowed to take only two or three courses in one summer term.

Besides the class work, excursions have been made twice a week to representative hospitals and to public health and social centers in the city. The students have also had the opportunity of meeting and hearing a number of

special speakers who represent the various branches of nursing work. Outside the professional field, there are always open air concerts, plays, public lectures, visits to museums and places of historical interest, and many pleasant little social gatherings where one meets interesting people from all the ends of the earth. The weather was unusually favorable, and though the summer session is not to be recommended as an ideal vacation for a tired worker, the students this year have seemed none the worse for their six weeks of study.

MAINE

State Association. A mass meeting of nurses interested in forming a state association was held in Portland, on June 6. During the previous winter letters on the subject had been sent to superintendents of all known hospitals in the state. A committee of five had also been appointed to secure the names of graduates from Maine hospitals, and notices were sent to nine hundred nurses whose names were thus secured. About seventy nurses were present at the mass meeting, and the following officers were elected: president, Edith L. Soule, Portland; vice-presidents, Rachel Metcalf, Lewiston, Sarah Hayden, Augusta; corresponding secretary, Maria Irish, Portland; recording secretary, Myrtle Taylor, Lewiston; treasurer, Bernice Mansfield, Bangor; auditor, Lucy Potter, Biddeford. A second meeting was held in Lewiston, September, 18, to complete the organization, a report of which will be given later.

Portland. Minnetta Butler, graduate of the Maine General Hospital, has accepted the position of superintendent of York Hospital, succeeding Grace Lowell, who was recently married. Annie Thyng, class of 1910, is doing district work in York. Marjorie Hall, class of 1911, is doing district nursing in Westbrook, succeeding Rhoda Ashworth, who resigned on account of ill health.

St. Barnabas' Guild held a two days' picnic at the Argonaut Cottage, Cape Elizabeth, in August.

MASSACHUSETTS

Worcester. Della Bunnar, who has been for some time principal of the training school of the Memorial Hospital, has resigned to accept the appointment as superintendent of the Noble Hospital, Westfield.

Providence. Butler Hospital Training School graduated a class of nineteen on June 17. The diplomas were presented by Charles H. Merriman, president of the board of trustees. Charles W. Page, M.D. of Hartford delivered the address to the class, taking as his subject "The Life of Dorothea L. Dix." The following evening a dinner was given the class by the alumnae association, the first of its kind. The school, which was established in 1896, is affiliated with the Providence District Nursing Association and with Bellevue and Allied Hospitals.

CONNECTICUT

New Haven. The Connecticut Training School Alumnae Association held a regular meeting on September 4, in the nurses' dormitory, after a recess of two months, during which interval the parlors had been refurnished through the kindness of Mrs. F. F. Brewster. The meeting opened with a fair attendance and the regular officers present. Miss Barnes, president; Mrs. Wilcox, secretary; Mrs. Smith, treasurer. Routine business was followed, new members

were admitted, and collections taken towards the ten dollars pledged for the Nurses' Relief Fund; calendars for the same fund are to be on sale after October 1, and Marcella Heavren, of 876 Chapel Street will have charge of the distribution for the city of New Haven and vicinity. It is planned to have a quiet "tea" for the October meeting, and a larger affair and reception for the new training school superintendent at the following meeting in November. An excellent report was read by Mrs. Smith, the senior delegate, of the National Convention held at Atlantic City last June. It was greatly enjoyed by all present, and should be an incentive for more to attend the next one to be held in St. Louis. It is hoped that a branch of the National Red Cross will be soon established in New Haven, thereby allowing it to be known who may be called in time of great distress or accident—Miss E. L. Hemen, class of 1909, has been appointed to the Army Nurse Corps.

Hartford. The Hartford Hospital Alumnae Association held its monthly meeting at Center Church House, September 11, Miss Russell presiding. The minutes of the last meeting were read and accepted. One new member was elected. Constant Leigh, delegate to the American Nurses' Association, read a splendid report of the Convention. Miss Leigh has been appointed nurse at Dana Hall, Wellesley, Massachusetts, assuming her duties on September 15. The good wishes of the Association go with her. The meeting adjourned till October 9. A social half hour was enjoyed.

RHODE ISLAND

The Board of Examiners of Trained Nurses of the State of Rhode Island will meet to examine applicants for registration at the State Capitol, Providence, on November 6 and 7, 1913. For information, address Lucy C. Ayers, R.N., secretary-treasurer, Woonsocket Hospital, Woonsocket.

NEW YORK

The New York State Nurses' Association will hold its twelfth annual meeting on October 15 and 16 at Niagara Falls, in the auditorium of the Shredded Wheat Company. Registration of delegates will be from 9 to 10 a.m., on Wednesday. They must present a membership card in order to receive a ballot. The headquarters of the Association will be at the Prospect House, corner of Second Street and Buffalo Avenue, rates from $1.50 up, European plan. Other hotels recommended by the committee of arrangements, Irene M. Johnson, chairman, are The Imperial, $2 to $2.50 a day, American plan; and the Temperance House, $2 to $3 a day, American plan.

The chairman of the programme committee reports that the following papers have been promised: "Red Cross Work at Gettysburg," Miss Gilbertsen; "Red Cross Rural Nursing," Miss Clement; "The Red Cross Nurse at Work," Miss Gladwin; "Nurses and their Relation to the Panama Canal," Miss Murdoch; "Infantile Paralysis from an Orthopedic Standpoint," Dr. McKenzie, Toronto; paper on subject to be announced later, Dr. Roswell Park, Buffalo. Papers will also be given on "School Physicians and Nurses of Buffalo" and on the "State Department of Health." There will be ten-minute talks for and against woman suffrage.

Delegates are requested to come prepared to vote on the question of presenting to the legislature of 1914 an amendment to the public health law defining

who may practice as a nurse, and retaining the control of the educational standards of the schools of nursing by the Regents of the University of the State of New York and the present method of appointing the Board of Nurse Examiners.

The present epidemic of typhoid at Niagara Falls is not on the American, but on the Canadian side, so nurses contemplating the trip need not be afraid to come.

The New York State League for Nursing Education will hold its annual meeting in the Auditorium of the Shredded Wheat Company, Niagara Falls, on October 14, at 2 p.m.

New York. Agnes D. Carson, for seventeen and a half years connected with the New York Polyclinic Medical School and Hospital, has resigned and is at present at her home in St. Andrews, New Brunswick, Canada.

New York Hospital. Training School graduates have recently been appointed to positions as follows: Gladys R. Adams, in charge of the operating room, Post-Graduate Hospital; Martha M. Hunter, in charge of the Private Patient Building, Bertha H. Lehenbuhl, clerical assistant, Sarah E. Moore, in charge of Ward H., Sara W. Bonnell, in charge of the fifth floor, Private Patient Building, Selma Schaeuff, assistant operating-room nurse, Mary E. Kehoe, night operating-room nurse, New York Hospital; Rose M. Hollberg, in charge of operating room, Monica S. Brock, Elsa M. Ernst, in charge of floors, Louise Zabrinkie, night supervisor, Lying-in Hospital; Nan P. Morgan, in charge of operating room, St. Luke's Hospital, Newburgh; Nellie McCrea, superintendent of training school, Grace C. Petersen, assistant superintendent, Englewood Hospital; Ida J. Amstead, assistant superintendent training school, Lois S. Rude, Campbell Cottages, Bloomingdale Hospital, White Plains; Elizabeth L. Lewis, supervising nurse, House of Relief; Martha V. Carling, resident nurse, Barnard College; Gretchen K. Kelly, night supervisor, Infants Summer Hospital, Charlotte; Nina G. Shenet, superintendent of nurses, Touro Infirmary, New Orleans.

The New York Polyclinic Hospital School for Nurses is giving a post-graduate course in general nursing, including experience in medical, surgical, gynecological, children, private ward and operating-room work. This will be a nine months' course. A four-months' course in surgical nursing and operating-room work will be offered to those specially qualified. It is hoped also to develop post-graduate courses in hospital administration and in school nursing. Residential privileges and a monthly allowance will be given after the probationary month. The superintendent, Grace Allison, is a graduate of Lakeside Hospital, Cleveland, and of Teachers College.

Charlotte B. Rosenstein, late superintendent of nurses at the German Hospital, is doing school nursing at Bay Shore, Long Island, where the work is just being established.

Anna Davies, a graduate of the Long Island College Hospital, who was prominent in both national and state work while living in Brooklyn, has recently been appointed president of the Florida State Board of Nurse Examiners.

Rochester. The Rochester General Hospital has been increasing its capacity, with the new buildings which have been added, and a reorganization of its management has been made to meet the demand. As the executive duties of the institution demand the services of both Miss Keith and Miss Jones, a new position, that of superintendent of nurses, has been created, which is filled by Eunice A. Smith, who has returned from a year of study at Teachers College.

Her assistant is Elisa P. Reed, a graduate of Hope Hospital, Fort Wayne, Indianapolis, and also a graduate of the Teachers College course.

Mechanics Institute has established a one-year course for dietitians, in which hospital work is emphasized. The requirements are that applicants shall be at least twenty-four years of age, with a practical knowledge of cooking and other housekeeping problems, and that they shall have had a high school course including chemistry. It is impossible to pursue successfully the study of foods and dietetics without a knowledge of chemistry. It is possible for one otherwise well qualified to take up chemistry as a special student of the Institute, or looking ahead, to take the course during the summer session.

NEW JERSEY

Newark. Fannie Dennis, night supervisor of St. Barnabas Hospital, has resigned from that position to accept a similar position in the Binghamton City Hospital, Binghamton, New York. Miss Dennis, who is a graduate of the Brooklyn Hospital, is one of the charter members of the alumnae association of that school, and was for several years its secretary.

PENNSYLVANIA

The Graduate Nurses' Association of the State of Pennsylvania will hold its eleventh annual meeting in Philadelphia, during the second week in November, the exact date and place to be announced later. It is hoped that the nurses of the state will show their interest by attending in goodly numbers.

Philadelphia. The Alumnae Association of the Methodist Episcopal Hospital at its annual meeting on May 22, elected the following officers: president, Mrs. Viola Mayhew Felton; vice-presidents, Anna B. Kessler, Mary J. Robinson, Mary Young; recording secretary, Mrs. Edith Wetherill Shurtleff; secretary, Anna H. Wetherill; treasurer, Anna Wiswell. The endowed bed fund committee reported that the sum of $10,000 was nearly raised. Six nurses have already had the use of the bed during 1912. After the business meeting, the graduating class was introduced and was entertained by a delightful programme and a banquet.

Miss K. W. Appel, graduate of Charity Hospital, Norristown, has accepted the position of superintendent of the Howard Hospital, which was recently made vacant by the resignation of Anna E. Barrett. Martha McKay has accepted the position of head nurse.

The Alumnae of the Philadelphia Orthopedic Hospital and Infirmary for Nervous Diseases has met at the Nurses' Home of that institution twice during the past three months, once for a special meeting called for the purpose of raising funds for the Young Women's Christian Association. Twenty-five dollars was voted as a contribution from the treasury and many gave besides. The attendance at the regular quarterly meeting was very satisfactory and interesting. Three new members were elected. A suggestion was made that a member be named to write a report of each meeting for the Journal.

The University of Pennsylvania has issued a preliminary outline of the curriculum of the post-graduate course in public health work which the Henry Phipps Institute is offering in affiliation with the Visiting Nurse Society. The course extends from October 1 to May 31 and is divided between medical and sociological subjects of great interest and value.

Erie. The Hamot Hospital Alumnae Association held its annual picnic at Waldameer Park on August 6. Twenty-two sat down to dinner, all present enjoyed a pleasant afternoon and evening.

Mount Pleasant. The Alumnae Association of Mount Pleasant Memorial Hospital was formed at a meeting called for the purpose on May 28, when the following officers were elected: president, Florence Couch; vice-presidents, Mrs. Cora McElwee Bowman, Pearl Thom; secretary, Mrs. Beatrice Walker Rumbough; treasurer, Mrs. Mary Jordan Allbright.

MARYLAND

Baltimore. The Alumnae Association of Mercy Hospital Training School held its tenth annual meeting on May 16, at the Dutch Tea Room. The opening prayer was given by Rev. William J. Ennis, S.J., of Loyola College. Addresses were made by Dr. J. W. Chambers and Dr. C. Hampson Jones, Assistant Health Commissioner. The retiring president, Martha Hartman, was presented with a silver vanity case by the members of the association in appreciation of her services for the past three years. A collation was served. Guests of the occasion were Rev. W. J. Ennis, S.J., Dr. and Mrs. J. W. Chambers, Mrs. A. C. Gillis and the class of 1913. The election of officers for ensuing year resulted as follows: president, Alice Moran; vice-president, Agnes X. Hartman; recording secretary, Mathilda Scheuer; corresponding secretary, Rose Russell; treasurer, Emma Kinhart; members of the board, Misses C. Little, L. Schroeder and K. Numbers.

The Bendler-Sellman Hospital Training School held graduating exercises on May 20 for a class of three. Grace M. Shuler attained the highest average. The address was given by Rev. McIliar H. Lichliter. Julia Hagenbuch, superintendent, gave a report of the year's work. Lilian A. Taylor, one of the graduates, has been appointed to the position of surgical nurse in the hospital.

VIRGINIA

The Virginia State Board of Examiners for Nurses held a called meeting, July 9, in Richmond. Nannie Minor, president, had resigned as a member of the board, and Mary Fletcher found herself unable to continue her work as secretary, making an election of officers necessary. Two new members of the board were present, Mrs. Ernest C. Levy and Julia Mellichampe. Mary Fletcher, R.N., of Lexington, was elected president and Mrs. Ernest C. Levy, R.N., 2517 Grove Avenue, Richmond, was elected secretary-treasurer. The names of the other members of the board are as follows: Mary A. Brown, R.N., Petersburg Hospital, Petersburg; Lillian Van Pelt, R.N., Home and Retreat Hospital, Lynchburg, and Julia Mellichampe, R.N., 936 Redgate avenue, Norfolk.

Richmond. Stuart Circle Hospital held its formal opening on July 15, from noon till 7 p.m. It is situated at Monument Avenue and Lombardy Street. The superintendent of nurses is Rose Z. VanVert.

Jean Humbley resigned her position as superintendent of the University Hospital on July 1. Miss Hurdley has held this position for five years, and her value to her profession had been felt throughout the state. The news of her resignation was heard with regret and she is followed by the good wishes of her many friends. The board of directors presented her with a silver vase in appreciation of her service. She is at present resting in Canada.

Alexandria. Elnor Virginia Bowling, class of 1912, Alexandria Hospital, has been appointed assistant superintendent of the hospital, and was acting superintendent during September, while Miss Simmons spent the month in Los Angeles. Edith Johns, class of 1913, is doing private nursing in Washington.

Visiting Nurse Work has prospered in this city. The Cameron Club has arranged to put a nurse into the public schools for part of the time. It is hoped by another year to establish school nursing permanently.

WEST VIRGINIA

The West Virginia State Nurses Association held its eighth annual convention in Huntington, September 2, 3 and 4. The Society of Superintendents of Training Schools held its session on the first day. Nine superintendents were present, and the president of that Association presented a most excellent report of twenty of the training schools of the state. Two schools are closed temporarily, as the hospitals are being rebuilt. Three were not heard from. The statistics gathered are on the following subjects: Number of beds in hospital; number of nurses in school; term of school service (two or three years); number of nurses graduated; average number of patients in hospital; number of hours on duty per day; and the question "Are nurses sent out to private duty, while students" in school. As West Virginia has no hospital inspector, these questions, which are for the most part answered, serve to keep all informed of the methods of the training schools. The outgoing president, Miss R. Vernon, is to be congratulated on the good work she has done in collecting these valuable statistics. Most of the session was spent in an informal discussion as to methods of various kinds, surgical technique, care and instruction of pupils, etc.

The papers read before the convention were most interesting, and were attentively listened to. The president's address emphasized the necessity of organization, and the impossibility of any nurse as a unit carrying any appreciable influence compared with what she would have as a part of the great whole of school, county, state or national societies.

The hospitality of the Huntington nurses was very charming. An automobile ride through Huntington showed its wide streets bordered by beautiful residences. A druggist friend of the nurses gave a welcome lunch after the ride. The following day automobiles took the whole convention, and six of the physicians of Huntington, to the Blue Sulphur Springs fourteen miles distant, where a banquet was served by Mr. R. A. Marshall, owner of the Springs, and a friend of Mrs. Lounsbery. Wheeling was chosen as the next place of meeting. Mrs. Lounsbery was elected for the ninth time as president; Miss Millotte, vice president; Mrs. R. H. Bullard of Wheeling was elected secretary-treasurer. Miss Millotte of Glendale is president of the Superintendents' Society. Miss Goode of Huntington is the delegate to St. Louis. Mrs. Hobson of Huntington is the delegate to the State Federation of Women's Clubs.

NORTH CAROLINA

Durham. Mary L. Wynne has resigned the position she has held for ten years as superintendent of Watts Hospital. During her term of service the hospital has grown in capacity from twenty beds to one hundred, and every department has developed in the same proportion. Miss Wynne is at present

resting at the new home for the nurses of the state at Black Mountain—Dunwyohe—named in honor of the two nurses who have been most active in nursing affairs.

SOUTH CAROLINA

Charleston. St. Francis Xavier Infirmary Training School for Nurses held the eleventh graduating exercises in Columbus Hall, on the evening of June 5, for a class of five. The address was made by Hon. James Simons. The Florence Nightingale Pledge was administered by Mary C. McKenna, superintendent of the Infirmary. The badges and diplomas were presented by the Bishop. The three medals were presented by Hon. James Simon. Dancing followed the exercises.

GEORGIA

The Georgia State Association was well represented at the national convention held in Atlantic City. Those attending were: Miss Burkhalter who represented the Registered Nurses Association of Savannah; Margaret Brice, head nurse at Dr. Williams' Sanitarium, Macon; Margaret Stevenson, head nurse at Pine Heights Sanitarium, N. Augusta; Miss E. R. Dendy, Augusta, Secretary of the State Board, who was the delegate from the State Board, and who took an active part in the discussions at the meetings held by the Southern section; and Mary A. Moran, superintendent City Hospital, Augusta, who was the state delegate and who read a paper on "How best to interest private duty nurses in nursing affairs." Miss Moran was elected a member of the nominating committee of the American Nurses' Association.

Brunswick. Ruth Abernathy Miller, graduate of the Jewish Hospital Training School, Philadelphia, has recently resigned her position as superintendent of nurses of Brunswick Hospital to take a needed rest.

Waycross. The Eleventh District Medical Society of Georgia, at a recent meeting, granted the courtesy of the floor to Ruth E. Kuhn, R.N., superintendent of nurses at the Atlantic Coastline Hospital, who read a paper on "Higher Ideals in the South." Miss Kuhn plead for discrimination between the well-trained graduate nurse who had been registered by the state and the one who called herself trained but who might have had inadequate or no preparation for her work. The paper was well received.

FLORIDA

The Florida State Board of Examiners of Nurses, recently appointed by Governor Trammel, is as follows: Anna Davids, Miami; Irene R. Foote, Jacksonville; Miss Pruett, Tampa; Miss A. L. Rutherford, St. Augustine; Maud Yethon, Orlando. The first meeting of the board was held at the Duffels Sanitarium, Jacksonville, August 20, when the following officers were elected; president, Anna-Davids, Miami; secretary and treasurer, Irene R. Foote, Jacksonville. All the members of the Board were present except Miss Pruett. The secretary was authorized to purchase needed supplies, and the board members paid their own fare in advance to defray immediate expenses. It was decided to ask the State Association to furnish a state inspector of training schools, Miss Finnegan of the Duffels Sanitarium being recommended for the office. It was decided that all nurses registered must be members of the State Association.

The first examination for nurses not coming up to the required standard will be held in Jacksonville, Tampa and Miami on December 9, by one or more members of the Board. The next meeting of the board will be held in connection with the State meeting in Jacksonville, during January.

MISSISSIPPI

The Mississippi State Association of Graduate Nurses held a called meeting in Vicksburg on June 10 for the purpose of considering some of the details of a bill for registration, which is now being prepared. The attendance was small, but represented almost every nursing center in the state. The charter was ready for signatures, and was signed by those present. Six new members were admitted, which gives an active membership of 63.

Natchez. The Adams County Nurses Association discontinued the course of study, the semi-monthly lectures by physicians, and its regular meetings during the heated season, but resumes its work in the autumn.

The Natchez Hospital Alumnae Association gave its annual ball in honor of the graduates on the evening of May 20 at the Elks Club. Very interesting graduating exercises were held at the hospital on the evening of June 4.

OHIO

The Ohio State Association of Graduate Nurses will hold its annual meeting October 21 and 22 in St. Paul's Episcopal Parish House, Akron. Isabel McIsaac, Superintendent Army Nurse Corps, will speak on "The Further Education and Development of the Graduate Nurse." Ella Phillips Crandall, Executive Secretary of the Public Health Nursing Association will give an address on "Public Health Nursing." Well-known Ohio superintendents of nurses will make five-minute addresses on How to obtain better training-school applicants; the Red Cross; tuberculosis work; the prevention of blindness; infant welfare, and various other phases of work in Ohio will be discussed.

It is hoped that, with Miss Crandall's assistance, an Ohio Public Health Nursing Association may be formed.

The Portage Hotel, corner Market and Main Streets is recommended.

Dayton. The Association of Graduate Nurses of Dayton and Vicinity held its annual meeting in the Nurses' Home of the Miami Valley Hospital on July 15, Alvira Morgan presiding. Eighteen nurses were present, who were glad to welcome home Helen Bridge, who has just completed her course at Teachers College, and Mrs. Prentenice, who was at home on her vacation from the General Hospital, Pittsburgh. Lillian Gibbons gave a most interesting report of the convention of the American Nurses' Association. The officers elected for the coming year are: president, Alvira Morgan; vice-presidents, Melissa Whistler, Helen Bortenger, Rosie Gearhard; recording secretary, Nora Siebenthaler; corresponding secretary, Grace Morrill; treasurer, Cleta M. Sera; committees, Dora Crumley, Miss Linsman. Meetings were discontinued during the summer.

Akron. The Tri-County Graduate Nurses' Association had a delightful picnic meeting at Mayer's Lake, near Canton, on August 12. A very interesting talk on "School Nursing in New York City" was given by Rhoda Ross of Brooklyn. A paper on "Summer Suggestions for the Comfort of the Baby" was read by Christine Yoder of the Akron Children's Hospital. There was a general

discussion on "Problems of Private Duty" and "Wearing Uniforms in Public Places." The next meeting will be held on November 11, in the Nurses' Home of Alton City Hospital.

MICHIGAN

The Michigan State Board of Registration of Nurses will hold an examination for state registration, at the Harper Hospital in the city of Detroit, on November 12, 13 and 14, 1912, and at the U. B. A. Hospital in the city of Grand Rapids, on November 19, 20 and 21, 1912. Only graduate nurses from an approved training school are eligible to take this examination.

Lansing. Mary C. Thayer, graduate of the Colorado Training School, and recently assistant superintendent of the training school at the Latter Day Saints Hospital, Salt Lake City, has been made superintendent of the Edward W. Sparrow Hospital operated by the Women's Hospital Association of this city.

Detroit. Genevieve Mulheisen, graduate of Johns Hopkins Hospital, 1904, has been appointed superintendent of nurses in the new Detroit General Hospital.

Grand Rapids. The Kent County Graduate Nurses' Association was formed on June 9, at a very enthusiastic mass meeting of registered nurses, held at the Union Benevolent Association Hospital for that purpose. The Association began with a charter membership of ninety. The object is to promote the advancement of the profession of nursing and also to further social intercourse among graduates in Kent county. The officers are: president, Adah L. Hershey; vice president, Mrs. Ralph Apted; recording secretary, Cora B. Warren; corresponding secretary, Anne Sutherland; treasurer, Mrs. Henry Herring.

Ann Arbor. Jane M. Pringle, recently superintendent of nurses at the New York City Training School, assumed on September 1, the office of superintendent of nurses at University Hospital.

Muskegon. Hackley Hospital held commencement exercises for its fifth class at the Women's Club House on the evening of September 12. The report of the training school was given by the superintendent, Miss Greener. Addresses were made by Dr. I. M. J. Hotvedt and by Miss L. Foley, of Chicago. The modified Hippocratic Oath was administered. The diplomas were presented to the seven graduates by Rev. Archibald Hadden. A reception followed the exercises.

WISCONSIN

The Committee on Examiners of Registered Nurses will hold the next meeting at the office of the State Board of Health, October 14-16. An examination as provided by statute for state registration will be given at that office October 15 and October 16 at 9 a.m. to women who have not completed any regular course of training, but who at the time of application shall have been engaged in the actual practice of nursing for three years. All who desire to take such examination must send to the State Board of Health for application blanks for examination, and such blanks must be returned to the above office by October 1.

Some nurses in Wisconsin are using the title of Registered Nurse who have received no certificate of registration from the Wisconsin Board of Examiners although registered in some other state. This is unlawful according to the Wisconsin law governing state registration, and notice is hereby given that those thus unlawfully using the title must cease to do so until they are properly registered by the Wisconsin Committee of Examiners. The Course of Study which

was prepared by the Committee for recommendation to the training schools has been sent to the schools of the state, but any school can obtain as many more copies as desired by writing to the State Board of Health, Madison, Wisconsin.

ANNA J. HAUSWIRTH, R.N., *Secretary of Committee.*

MINNESOTA

St. Paul. LOUISA H. KELLAM, of the Cobb Hospital, has been appointed a member of the State Board of Examiners of Nurses, succeeding Lina Hall of this city.

Minneapolis. THE NURSES' ALUMNAE ASSOCIATION OF ST. MARY'S HOSPITAL held its ninth annual meeting at the Nurses' Home, on June 11, when the following officers were elected: president, Miss J. E. O'Connor; vice-president, Mrs. E. O'Berg; recording secretary, Cecelia Burns; corresponding secretary, B. Helen Blum; treasurer, A. Rose Verbeck. The usual banquet for the graduates was given on June 26 at Donaldson's Tea Rooms.

ILLINOIS

THE ILLINOIS STATE BOARD OF NURSE EXAMINERS will hold two examinations for registration of nurses, one in Chicago, November 21 and 22, 1913; one at Springfield, December 10 and 11, 1913. At these examinations provisions of the present law will be carried out. Special attention is called to section 8, providing for an examination under a waiver for nurses "who at the time of application shall have graduated and received a diploma from a school of nurses connected with a hospital in good standing requiring a systematic course of at least two years' training." For further information, address Anna Louise Tittman, R.N., secretary and treasurer of the Illinois State Board of Nurse Examiners, 127 North Dearborn Street, Chicago.

Chicago. WESLEY HOSPITAL commencement week was one of festivities which began with a picnic in Riverside woods on June 6, the day ending with a theatre party. On Sunday, the baccalaureate sermon was delivered at Northwestern University by Bishop McDowell. On Monday night the alumnae entertained the class at a banquet and ball at the La Salle Hotel. Toasts were given by Miss Hamilton, president of the alumnae, and Miss Bagardus, president of the senior class. The class prophecy, a production of merit, was read by Maggie Davis, and enjoyed by all. On Wednesday, the nurses, in company with the students from other departments of the University, received their diplomas. From the University at Evanston they were taken in automobiles to the home of Mr. and Mrs. Douglas Smith at Winnetka, where they had luncheon and spent the afternoon, returning to the hospital to enjoy music in the roof garden, and dancing.

Lillian Benedict, class of 1912, Wesley Hospital, who spent the winter in Pasadena, has returned with her patient to Chicago. Helen Stephen, 1905, accompanied a patient to Honolulu. She had a very enjoyable trip, and is enthusiastic in her praises of the treatment accorded her by the nurses of Honolulu. Ada Belle McCleary, 1910, has been appointed by the governor an superintendent of the tuberculosis work at Dunning. The Misses Gregg and Cumming, both of 1911, are engaged in private nursing in Memphis, Tennessee. Marie Peterson, 1912, is resident nurse for the Northwestern University at Evanston.

The Chicago Hospital Alumnae Association postponed its June meeting to July 9, when the report of the delegate to the American Nurses' Association was read. Lucelia Van Horn, class of 1910, has recently taken a position as supervisor of the Emily Matthiesen Memorial Infant Welfare Association in Lasalle.

Rockford. Reciprocal Organization of District No. 3 of the Illinois State Association of Graduate Nurses was perfected at a meeting of the available nurses of the District held at the Talcott Memorial Home of Rockford Hospital on June 7. This District includes Boone, Winnebago, Stevenson, Jo Daviess, Ogle and Carroll Counties. The first regular business meeting was held on July 5, at which time the Winnebago County Association of Graduate Nurses dissolved and the members were accepted as a body, into the Association. Meetings will be held on the first Saturday of every second month, beginning with July. The September meeting will be held at Rockford. Officers elected, all of whom reside in Rockford, are as follows: president, Julia S. Chubbuck; vice president, Mary D. Austin; secretary, Sigrid Strande; treasurer, Bella E. Lohr.

Rockford Hospital Graduates of the class of 1913 spent a few weeks at Lake Waubesa in Wisconsin.

Jacksonville. District No. 13 of the Illinois State Association of Graduate Nurses held its third regular meeting on August 5, at the Public Library Building, Ida B. Vennor presiding. An inspiring address by Harriett Fulmer, R.N. of Chicago, Extension Secretary of the Illinois State Association for Prevention of Tuberculosis, on "Nurses' Obligations in Public Health Movements." was received with much interest and appreciation. A general discussion followed led by Elizabeth A. Urbach, R.N. Twenty members were present. The meeting adjourned to meet at Springfield, the first Tuesday in October.

The Passavant Memorial Hospital Alumnae Association held its annual picnic at Nichols Park on the evening of August 20. Seventeen members were present, with seven other nurses of the city as guests. A good luncheon and a good time were enjoyed.

Peoria. Miss M. Douglass was employed during the summer months to assist Miss M. Youngreen with the visiting nurse work and the administration of a special ice fund raised by the *Peoria Evening Journal*. Miss Olsen and Miss Johnson, senior nurses from the Deaconess Hospital, also assisted during Miss Youngreen's vacation in August. Mary McIntyre, graduate of Wesley Hospital, Chicago, has accepted the position of Superintendent of the Deaconess Hospital. Bertha Chesebrough, who recently resigned her position as assistant superintendent of Proctor Hospital, has taken charge of the Lady Minto Hospital, Ashcroft, B. C. Sybilla Fredericksen, class of 1911 Proctor Hospital, has been appointed assistant superintendent.

INDIANA

The Indiana State Board of Nurse Examiners will hold its next examination at the capitol, in Indianapolis, November 19-20. For further information apply to the secretary, Edna Humphrey, R.N., Crawfordsville.

Fort Wayne. Miss. F. G. Chronos, assistant to Dr. L. P. Dreyer for the past four years, resumed her duties the latter part of July, after taking two months of post-graduate work at St. Luke's Hospital, New York.

IOWA

The Iowa State Nurses' Examining Board held an examination in Des Moines, July 29, 30 and 31. One hundred and sixteen applicants were present. The members of the Examining Board for the coming year are: president, Dr. W. L. Bierring, Des Moines; secretary, Dr. G. H. Summer, Des Moines; Dr. H. A. Dittmer, Manchester; Catherine Herbert, Des Moines and Jessie Johnson, Sioux City.

Sioux City. Nellie Powers, superintendent of Samaritan Hospital, returned on October 1, after a six months' leave of absence spent in the south and east.

Des Moines. Mary McCarthy has had charge of the Baby Welfare work established in the city for the first time last summer. Edna Snyder is meeting with success in her new work of hourly nursing.

Mercy Hospital is adding a new fire-proof wing to give room for private patients. The rooms have baths and fill every need for comfort and sanitation.

MISSOURI

The Missouri State Nurses' Association will meet in Springfield, October 1, 2 and 3.

St. Louis. The Alumnae Association of Lutheran Hospital held its regular monthly meeting on August 7. A discussion in regard to forming a library for the alumnae was followed by a social hour. Louise Lindeman, class of 1902, who has been doing institutional and private nursing in New York for the past nine years, has accepted the position of superintendent of nurses of the Lutheran Hospital.

Kansas City. The Kansas City Graduate Nurses' Association held its regular monthly meeting on the afternoon of June 10, in the club rooms at 708 Troost Avenue. The attendance was unusually large, as it has been previously announced that Miss Sinclair, Superintendent of the training school for nurses in the State Insane Asylum at Novada, Missouri, would talk on the care of the insane in Missouri. Miss Sinclair's talk was deeply interesting and proved that she has not only the welfare of this unfortunate class of patients very much at heart, but also convinced her hearers that her ideas and theories, in regard to the treatment best suited for them, are far in advance of the methods that have for so many years held sway in the Asylums. The talk was greatly appreciated as it was in regard to a line of work concerning which many nurses know nothing. Before adjourning, it was voted that the regular business meetings be suspended during July and August and in their stead social evening meetings be held. The first informal social meeting was held on the evening of July 2. The most enjoyable feature of the meeting was the reading of a letter written by Miss Look from Atlantic City while attending the American Nurses' Association. Miss Look wrote in most enthusiastic terms and every nurse present resolved to attend the next meeting in St. Louis in 1916. At the August meeting Miss. Shank, who was the Association's delegate at Atlantic City, gave her report. It was decided to have the report read again in September when more nurses could hear it. The first regular meeting of the fall was held on September 2. Following the usual routine of business came a forcible and inspiring talk by Miss Look, urging enthusiasm and cooperation on the part of the nurses in building up their

organizations, beginning with the local association and the central directory. She advised as many as possible to attend the state meeting in Springfield. A plan was discussed and adopted for raising funds for the furnishings of the club rooms. A social hour followed adjournment.

Mary A. Burns, graduate of St. Albans Hospital, Vermont, has recently accepted the position of superintendent of the German Hospital. Miss Burns had recently held the position of superintendent of Trinity Hospital, Milwaukee. Lillian Cole, graduate of Wesley Hospital, has recently been made superintendent of Hahnemann Hospital. Cleo Hooper, graduate of Washington University Hospital, St. Louis, has been appointed superintendent of Baptist Hospital, following the resignation of Miss Gall.

Columbia. The Preliminary Course in Nurses Training of the University of Missouri was commenced in September, with a course covering six months, intended primarily for the students who are to enter the Training School of the University, but open also to other applicants who fulfill the requirements. The instructors in the preliminary course are Frances Sheuse, superintendent of the training school, Mrs. Fanny R. S. Smith of Kansas City, Dr. Calvert, Dr. Mitchell, Louise Stanley, associate professor in home economics, and Ella V. Dobbs, instructor in mechanical arts. The University laboratories and the Parker Memorial Hospital will give facilities for practical work. The subjects to be included are anatomy, physiology, bacteriology, dietetics, handicraft, principles and practice of nursing, materia medica, weights and measures, preventive medicine, voice training, physical training.

Kosh. Rosenet Koch Hospital has as its supervising nurse, Katherine T. Morris, graduate of Norristown Hospital, Norristown, Pa., and of the post-graduate course of the Post Graduate Hospital, Chicago.

ARKANSAS

The Arkansas State Board of Nurse Examiners will hold its regular meeting October 27, 28, 1913, at the State Capitol, Little Rock. All nurses who have not applied for registration will please file applications with the secretary not later than October 12. The law requiring registration is compulsory, and all who wish to nurse in the state, as a trained, registered or graduate nurse, must register at once. Mrs. H. E. Waller, R.N., Secretary-Treasurer, Searcy.

The Arkansas State Graduate Nurses' Association will hold its annual meeting October 29, 30, 31, at Little Rock. All nurses in the state are requested and urged to be present.

NORTH DAKOTA

Grand Forks. The Grand Forks County Graduate Nurses' Association held a special meeting on July 14 in the Y. W. C. A. rooms. One new member was admitted. The main object of the meeting was to inaugurate a new system of electing officers. A nominating committee is to be chosen and nominating blanks sent out.

NEBRASKA

Omaha. Lillian B. Jellinek, Wise Memorial Hospital, has been appointed superintendent of the McCook Cooperative Hospital, McCook.

Anna L. Rendell, graduate of the Swedish Hospital, Minneapolis, has taken the position of superintendent of nurses, Swedish Mission Hospital. Hilda Fleetwood resigned on September 1.

Lucilla Larson, class of 1913, Clarkson Memorial Hospital, has accepted the position of superintendent of the David City Hospital, David City.

KANSAS

The Kansas State Board of Examination and Registration of Nurses will hold a special meeting at the National Hotel, Topeka, October 29, for the purpose of considering applications which were held over from the July meeting for further investigation of the board. All applicants whose certificates were withheld, and whose applications will be acted upon at this meeting, will be given a hearing at this meeting in person, or by their respective attorneys or representatives, if they so desire.

H. A. Dykes, M. D., *President*,
Alma Reynolds O'Keefe, *Secretary*.

The Kansas State Board of Examination and Registration of Nurses held its first meeting in Topeka on July 1, four members being present. Dr. H. A. Dykes was elected president; Mrs. Mayme H. Conklin, vice-president; and Mrs. Alma R. O'Keefe, secretary and treasurer. About 800 applications for registration had been received and of these 625 were registered.

The Kansas State Association of Nurses will hold its annual meeting in Hutchinson, October 7 and 8. Any desired information may be obtained from the secretary, Mrs. W. R. Sayler, 304 Bank Building, Hutchinson.

Wichita. The Alumnae Association of Wichita Hospital was formed at a meeting of the graduates of the training school which was held for the purpose on the evening of July 8. Great interest was manifested by those present and it is hoped the association may prove beneficial to the members. The following officers were elected: president, Bertha Stark, Wichita; vice presidents, Bessie Baldwin, Topeka, Elizabeth Barton, Wichita; secretary and treasurer, Lydia Blakely, Wichita; assistant secretary and treasurer, Mrs. Bertha Ridgeway Ryder, Oklahoma City. Any graduate of the school who wishes to become a member is asked to notify the secretary.

OKLAHOMA

The Oklahoma State Board of Examiners of Nurses will hold an examination October 27, 28, 1913, at St. Anthony's Hospital, Oklahoma City. Information can be obtained from the secretary, Mabel Garrison, R.N., 1701 W. 15th Street, Oklahoma City, Oklahoma.

The Oklahoma State Association of Graduate Nurses will meet in El Reno, October 29 and 30.

TEXAS

The Board of Nurse Examiners for the State of Texas will meet in Austin, November 12, 13, to examine applicants for registration. Notice of the place of meeting will be given later in the state papers. All applications must be sent to the secretary, fifteen days before date of meeting. C. L. Shackford, R.N., secretary, John Sealy Hospital, Galveston.

MONTANA

The Montana State Board of Examiners of Nurses held its first annual meeting in Butte, July 21-24. Thirteen nurses took the examination, and the majority of the nurses of the state were registered. The next meeting of the board will be held in January at the state capitol. It is hoped that all nurses who did not register in July will have their applications in for the January meeting. The law is compulsory and nurses must register, but most of the nurses in the state have registered promptly and voluntarily because they wanted to. The law will be rigidly enforced for those who do not comply with its requirements.

The Montana State Association of Graduate and Registered Nurses held its first annual convention at Butte, July 21-23. A most interesting program was arranged by the Silver Bow Association of Nurses and was well carried out. The convention was called to order on July 21, at 2 p.m., Lucy A. Marshall of Missoula presiding. Miss Marshall gave an interesting opening talk on "Organization and Registration." The following addresses were given during the session: "Organization," Dr. T. C. Witherspoon; "Pioneer Nurses and the Progress of Nursing in Silver Bow County," Dr. I. D. Freund; "Tuberculosis," Dr. P. H. McCarthy; "Sepsis and the Trained Nurse," Dr. J. R. E. Scivers; "The Registered Nurse," Hannah Strom, Butte; "The Nurse," Mrs. Helena E. Curtis, Butte; "The Nurse, Theoretical and Practical, "Ellen Magee, Billings; "Nursing its Present and Future Possibilities" Clara Brunelli, Missoula; "How a Nurse May Use her Waiting Hours," Ruby Bobert, Bozeman; and a paper by Miss McCraney, Helena. Much business was transacted during the session, including the adoption of the present name of the association. Miss Magee, in behalf of the Yellowstone County Association, invited the Association to hold its next meeting in Billings. This was accepted.

Dr. Murray and the staff of the Murray Hospital tendered a reception to the nurses on Monday evening. On Tuesday evening, the Sisters of Charity of St. James' Hospital gave an automobile trip about the city, after which refreshments were served and music and dancing enjoyed. On Wednesday afternoon, Mr. Wharton of the Butte Street Railway Company, gave a trip in an observation car which ended at the celebrated gardens, where the nurses of Silver Bow County Association served supper out of doors. All who attended the convention voted it to have been a most successful one. The following officers were elected: president, Gertrude F. Sloane, Missoula; recording secretary, Mrs. May Boyle, Butte; corresponding secretary, Mrs. Helen Curtis, 209 West Copper St. Butte; treasurer, Miss M. C. Platt, Helena.

COLORADO

Denver. Doctors and nurses were kept busy during the Conclave of Knights Templars, August 12-15, when 25,000 Knights were in attendance, many of them accompanied by wives or daughters. During the time that the crowds were arriving, a temporary hospital was maintained at the Union Depot, with doctors and nurses constantly in attendance. During the great parade four ambulances were in attendance, and in addition, a nurse was stationed at each street corner along the line of march. Two hospital stations were kept open from 8 a.m. till 12 p.m. during the conclave, one at the Temple where the meetings were held,

one at the Metropolitan Building. Heart lesions, discovered by the change of altitude, formed one of the most serious ailments. Nurses who were on duty more or less constantly were Mrs. Middlestaet, Miss McHugh, Ida Smith, Miss McCabe, Miss Conway, Miss J. I. McKeown, Miss Kennedy, and pupil nurses from St. Luke's Hospital, who volunteered for evening service after their hours of hospital duty were over.

Colorado Training School of the City and County Hospital held graduating exercises on September 3. Dr. J. Arneto gave an address on "Specialization in Nursing." Dr. J. M. Perkins, the mayor, made an address and presented the diplomas to the seven graduates. The exercises were followed by dancing. Mamie Balding and Ethel Agnelius have taken positions in the Miners' Hospital, Park City, Utah.

Rhoda Kaplan, class of 1910, Mercy Hospital, has taken a hospital position in Lander, Wyoming.

The Trained Nurses' Association of Denver held its regular meeting on September 8, at the Y. W. C. A., Miss McAllister presiding. Six new members were received. It was decided to transfer the funds of the Association from the Colorado National Bank to the Federal National Bank. It was decided that nurses in arrears on the directory list should be dropped until their dues are paid.

WASHINGTON

Tacoma. Pierce County Graduate Nurses Association held the regular monthly meeting on September 1, in the Nurses House of the Tacoma General Hospital. After routine business had been transacted, it was decided that as the State Association had received a gift of three acres of land, on which to build a Nurses' rest home, on one of the islands in Puget Sound near Tacoma, the County Association should give seventy-five dollars toward the present needed improvements on this land, this being a part of the association's share in the expenses. It was suggested that the annual dues be raised to $6 per year, the extra dollar to be used toward a "cottage fund"; but this subject will be decided at the annual meeting held in November. Three applications for membership were accepted. Those present enjoyed very much an instructive and interesting talk on the "Real and Personal Property Rights of Women in this State," by Mrs. Lund, a prominent woman attorney of the city. In these days when women are taking a more prominent place in public life, it is well for them to be informed on the laws which protect them.

CALIFORNIA

The California State Nurses' Association held its tenth annual convention in Santa Barbara, July 7-9. The convention was opened by a reception at the Arlington Hotel, on Monday evening. The regular session began on Tuesday morning and during the following days these papers were given: "The County Association," a symposium by representatives of various counties; "The Trained Nurse from the Standpoint of a Layman," Frank Kellogg; "The Ideal Nurse," Grace Stevens, Santa Barbara; "The Relation of the Nurse to the Nervous Patient," Dr. G. V. Hamilton; "The Protection of the Public Health," Jeannette D. MacDonald; "Cooperation in Combating a Public Menace," Mary Frances Gray, San Francisco; "The Newer Treatments," Jessica Jones, Cali-

land; "Combating Bacterial Invasion with Nature's Own Protective Forces," Mrs. Betty B. Lashenbach, San Francisco; "Pharmacy and Poison Laws as they Affect the Nurse," H. J. Finger; "Some Factors in Puerperal Sepsis," Dr. Bahowell; "Rural Nursing," Pauline Strasbury, Oakland; "Visiting Nursing," Mary Cole, Santa Barbara; "Insurance," Isabelle Fleming, Oakland; "The Goal of the Medical Profession," Dr. Rexwald Brown. On Wednesday afternoon, a luncheon was given at the Potter Hotel, followed by an automobile ride, and the serving of tea on the roof garden of the Cottage Hospital. The following officers were elected president, Mrs. Laura L. Mitchell, Santa Barbara; vice presidents, Anna C. Jamme, Mrs. C. C. Pettenger; secretary, Julia A. Hyde, 2375 Jackson Street, San Francisco; treasurer, Mrs. Allison, Oakland; directors, Mrs. Frank Bramhall, Sacramento, Estelle Ringer, San Diego.

BIRTHS

On May 28, a son, to Dr. and Mrs. George W. DeHoff. Mrs. DeHoff was Miss Burling, a former superintendent of the Bladler-Soliman Hospital Training School, Baltimore.

On July 17, at Omaha, Nebraska, a daughter, Marion Elizabeth, and a son, Robert Lee, to Mr. and Mrs. Lee A. Smith. Mrs. Smith was Edith Benson, class of 1908, Wise Memorial Hospital.

On August 13, at Wai, Bombay Presidency, India, a daughter, to Mr. and Mrs. W. H. Klenz. Mrs. Klenz, who was Edna Butcher, class of 1901, Johns Hopkins Hospital, is the editor of the *The Nurses' Journal of India*.

MARRIAGES

On June 24, in Calgary, Canada, Margaret J. Evans, class of 1911, Presbyterian Hospital, Philadelphia, to Ernest C. Dickson, M.D. Dr. and Mrs. Dickson will live in San Francisco.

On August 29, at Hackensack, N. J., Madaline C. Fox, class of 1907, Hackensack Hospital, to Hubert E. Brewer.

On July 29, Jessie Mae Brooks, class of 1909, Presbyterian Hospital, Philadelphia, to William Josiah Parmalee, Jr.

On August 28, Bertha Cline, class of 1909, Presbyterian Hospital, Philadelphia, to Harry Melvin Shoemaker. Mr. and Mrs. Shoemaker will live in Philadelphia.

On August 28, at Rock, Kansas, Lydia E. Swain, class of 1903, Paterson General Hospital, Paterson, New Jersey, to Mervon A. Hall. Mr. and Mrs. Hall will live in San Francisco.

On July 6, Grace G. Van Dover, class of 1911, The Williams Hospital, Lebanon, Indiana, to Frederick Hardman, M.D. Dr. and Mrs. Hardman will live in Ruth, Nevada.

On July 11, at Fort William, Scotland, Nan Gordon, class of 1910, Long Island College Hospital, Brooklyn, to Donald Fraser.

On August 27, in Dayton, Ohio, Minna Marie Wennagel, class of 1912, Miami Valley Hospital, to R. R. Ara, M.D. Dr. and Mrs. Ara will live in Dayton.

On June 28, Rebecca A. Stevenson, class of 1903, Rochester General Hospital, Rochester, New York, to J. Austin Hollowell. Mr. and Mrs. Hollowell will live in Elmira, New York.

On August 2, in Rochester, New York, Caroline C. Hebenger, class of 1913, Rochester General Hospital, to John A. Reynolds. Mr. and Mrs. Reynolds will live in Lockport, New York.

On August 7, at Snowhill, Maryland, Viola Elizabeth Bonneville to Edward Salmon. Mr. and Mrs. Salmon will live in Beloit, Wisconsin.

On June 27, Hinyra Wallace, class of 1907, Missouri Baptist Sanitarium, St. Louis, to Percy Riverdon, M.D. Dr. and Mrs. Riverdon will live in St. Louis.

On August 1, at Toronto, Canada, Clara Berenice Sharpe, to Dorman Weaver. Mr. and Mrs. Weaver will live in Erie, Pennsylvania. Miss Sharpe had been superintendent of the Christian Hospital, St. Louis.

On July 21, Rachel B. Keller, class of 1909, Martin's Ferry Hospital Training School, Martin's Ferry, Ohio, to James E. Paris of Omaha, Nebraska.

On June 23, Jennie Georgina Mills, graduate of Wesley Hospital, Chicago, to William J. Long. Mr. and Mrs. Long will live in Los Angeles.

On July 3, Flora Ann Patsig, class of 1904, Monroe Street Hospital, Chicago, to William A. Smith. Mr. and Mrs. Smith will live in Sharpsburg, Maryland. Miss Patsig had been registrar of the central directory for nurses, Des Moines, Iowa.

On July 12, Anna Lamire McMillen, class of 1912, Iowa Methodist Hospital, to Charles A. Heath.

On May 14, at White River Junction, Vermont, Helen Ruby Neal, class of 1906, McLean Hospital, and class of 1908, Massachusetts General Hospital, to George Austin Derr, of Guild, New Hampshire.

On June 16, at Dartmouth, Nova Scotia, Ada McNab, graduate of the Massachusetts General Hospital, to Hon. John Henry Hardy.

On July 8, at San Jose, California, Grace Greenwood Gallagher, class of 1909, Kansas City General Hospital, Kansas City, Missouri, to Harold Philbrick. Mr. and Mrs. Philbrick will live in Sacramento.

On June 30, at Port Huron, Michigan, Rose Stewart, class of 1902, General Hospital, Port Huron, to James Cowen. Mr. and Mrs. Cowen will live in Michigan.

On July 24, Magdaléne S. Meyers, class of 1907, Mt. Carmel Hospital, Columbus, Ohio, to Alvin H. Said, Pueblo, Colorado.

On June 18, at Cleveland, Ohio, Alice M. Lauder, class of 1909, St. Vincent's Charity Hospital, to Earl Smith, M.D. Dr. and Mrs. Smith will live in Lorraine, Ohio.

On July 17, at Cleveland, Ohio, Katherine Misch, class of 1909, St. Vincent's Charity Hospital, to Steven J. Metzger, M.D. Dr. and Mrs. Metzger will live in Akron, Ohio.

On June 5, Margaret J. Mount, class of 1909, Passavant Memorial Hospital, Jacksonville, Illinois, to J. Franklin Brown. Mr. and Mrs. Brown will live in Jacksonville.

On July 3, at her home, Pottstown, Pennsylvania, Bertha E. Moser, class of 1911, Jefferson Hospital, Philadelphia, to Homer L. Price. Mr. and Mrs. Price will live in Johnstown, Pennsylvania.

On July 30, at New Haven, Connecticut, Mary Josephine McDermott, class of 1909, Connecticut Training School, to Joseph F. McDonough. Mr. and Mrs. McDonough will live in New Haven.

In July, at Norfolk, Virginia, Elizabeth Caldwell, class of 1912, University

of Pennsylvania Hospital, to Willis Wilson Silvester, Jr., M.D. Dr. and Mrs. Silvester will live in Norfolk.

Rose Hughes, class of 1910, St. Mary's Hospital, Minneapolis, to John D. Horner. Mr. and Mrs. Horner will live in Wessco, Minnesota.

On August 7, Helen Buchmer, class of 1910, Lutheran Hospital, St. Louis, to Henry Schaperle. Rev. and Mrs. Schaperle will live in Champion, Nebraska.

On July 16, at West Chester, Pennsylvania, Elizabeth C. Hoopes, class of 1908, Howard Hospital, Philadelphia, to Charles Henry Stone, M.D. Dr. and Mrs. Stone will live in Coatesville, Pennsylvania.

On June 8, Edith Rickert, class of 1908, Bledler-Sellman Hospital, Baltimore, to Lieutenant Frederick Wilson. Lieutenant and Mrs. Wilson will live in the Canal Zone for the present.

On July 19 at St. John's Church, Providence, Rhode Island, Mary Elizabeth Gillespie, class of 1909, Rhode Island Hospital, to Peter Morris. Mr. and Mrs. Morris will live in Bristol, Rhode Island.

On September 11, at St. Theresa's Church, Providence, Rhode Island, Mary Anne O'Neill, class of 1910, Rhode Island Hospital, to Patrick McArdle. Mr. and Mrs. McArdle will live in Providence.

On August 28, at Glenwood Springs, Colorado, Anna C. Stewart, class of 1909, Kansas City General Hospital, to Joseph Edward Brockshire, M.D. Dr. and Mrs. Brockshire will live in Nowater, Oklahoma.

On August 29, at East Orange, New Jersey, Katherine Jack, class of 1905, Orange Memorial Hospital, to Clifford Devereux. Mr. and Mrs. Devereux will live in East Orange.

DEATHS

In June, at the Howard Hospital, Philadelphia, Elizabeth M. Brophy, class of 1898, Hospital of the University of Pennsylvania.

At Baltimore, Maryland, Emma B. Scott, class of 1898, Methodist Episcopal Hospital, Philadelphia.

On July 21, at her home in Ponce Springs, West Virginia, after an illness of several months, Rebecca Garvey, class of 1911, North Wheeling Hospital. Miss Garvey was an active member of her alumnae association, of the Ohio County Graduate Nurses' Association and of the West Virginia State Association. She was loved by her many friends and by those to whom she ministered. Her associates appreciated her many excellent qualities, her loving disposition and her loyalty to the interests of her profession.

In August, at Mercy Hospital, Chicago, Frances M. Todd, class of 1908, Glenville Hospital, Cleveland, and class of 1910, Mercy Hospital, Chicago. Miss Todd had been for the past three years supervising field nurse for the Department of Health, Chicago, and during the summer was engaged in Baby Welfare work. Her death, which came suddenly, as the result of an acute attack of tonsilitis, was a shock to her many friends who loved and honored her. Burial was in Cleveland.

On August 16, at Hampton, Iowa, Lou Van Nuys, class of 1908, Scarritt Training School. Miss Van Nuys was drowned while fishing from a boat on Reed's Lake. She had many friends and acquaintances in Kansas City.

On August 3, at Washington, D. C., Anna B. Burritt, class of 1896, National Homeopathic Hospital. Miss Burritt had been a patient in the hospital since

November, 1912, and those who knew her best and saw her during those long and trying months of suffering and gradually-increasing weakness, say that her patience and cheerfulness were unfailing. She was ever interested in any movement for the advancement of her profession and was consequently a valued member of the alumnæ association of her own school as well as of the Graduate Nurses' Association of the District of Columbia. As a charter member of the Graduate Nurses' Association she will be greatly regretted, while the memory of her helpful spirit and kindness will always be an inspiration to those who knew her and worked with her.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON, R.N.

SCHOOL JANITORS, MOTHERS AND HEALTH. By Helen C. Putnam, A.B., M.D.

This book makes a strong plea for the better care of the health of the school child. Much of the matter is reprinted from the *Child Welfare Magazine* from which it has been arranged in a series of lessons to extend over the year. These lessons are addressed to mothers, to teachers and to janitors. It would seem that to janitors one may lay the failure of mothers and teachers to secure the health and physical well being of the school child; for while mother and teacher cooperate gladly, they often find that their best efforts are robbed of effectual results by the hostile opposition of the janitor. This functionary, drawing higher pay than the teachers, in some instances, is convinced that his chief duty is to his engines, his second is to present a clean and tidy school building, and though he may feel an obligation to guard against fire, he is apparently oblivious to the danger of other forms of death or suffering. The school board, it would seem, is quite of the same mind as the janitor and the protest of a principal has little weight with the school board if the engines are kept in order and the thermometer record is satisfactory. There seems to lie in this question an indication for the direction of the energies of the woman's civic clubs, etc. The suggestion is made that janitors should be required to take a course in hygiene, but it would seem more effective to create a new office and appoint an officer whose duty should be to keep watch over the hygienic conditions of the school buildings, see that sweeping, cleaning, etc., are done outside of school hours, and that other conditions beyond heat and cold are maintained in ventilation.

The lessons to teachers and mothers are admirable, but possibly less needed than those to the janitor, since it is a rare thing nowadays to find a community where the parents are not alive to the necessity of guarding their growing children from unsanitary conditions and equally rare to find teachers indifferent or reluctant to cooperate with the parents. For those who need it, there are detailed instructions for the care of children at school and on vacation; what they should eat, the clothing they

should wear, the means of cleanliness, bathing, exercise, recreation; no period in the life of the school child is slighted, and every consideration is given to the development of moral and physical health.

A Reference Handbook of Gynecology for Nurses. By Catherine MacFarlane, M.D., Gynecologist to the Woman's Hospital, Philadelphia. Price $1.25. W. B. Saunders Company, Philadelphia and London. Second Edition.

This book belongs to the series in flexible red leather bindings issued by Saunders. In its second edition the newer methods are introduced pertaining to the preparation for and after-care of major gynecologic operations. The newer details of operating-room technic are also described, and there are various additions to the text along the lines of recent discoveries in disease.

Hygiene and Sanitation: A Text-Book for Nurses. By George Price, M.D. Author of *A Hand-Book on Sanitation*, *Tenement House Inspection*, *Epitome of Hygiene and Public Health*; Director, Joint Board of Sanitary Control; Director of Investigation, New York State Factory Commission. Price, $1.25. Lea and Febiger. Philadelphia and New York.

The author of this book is well known as a teacher of nurses in what may be termed the larger field of their activity. He was one of the first to recognize that the nurse might become an important factor in municipal and public health work, and to encourage the experiment of nurse tenement-house inspectors and the factory welfare nurse.

The present volume is dedicated to Miss Lillian D. Wald, "the pioneer of public health nursing in the United States, and the foremost advocate for the extension of the scope of the nurse's work."

This book is general in its application and is designed to furnish a fundamental knowledge of the principles of hygiene. It includes the hygiene of habitations, in all its branches; the hygiene of foods and food supplies, particularly milk and dairy products, giving in detail the inspection and testing of milk; the hygiene of schools and school children; the hygiene of occupations; the hygiene of municipalities; and personal hygiene.

Hygiene whether personal, public, or municipal is founded, says Dr. Price, upon three sciences: sanitary science, bacteriology and vital statistics. The first deals with the external factors of life, housing, food, water, air, etc. The second deals with the prevention of disease and the last is termed the "Public Health Bookkeeping."

That there is need for a greater knowledge of the principles of hygiene and sanitation few will deny but many will add that they have not time or opportunity to acquire the necessary scientific teaching. Dr. Price places such teaching within the reach of all who can read. It is growing constantly more necessary that such teaching should enter into everyone's education, as each year adds to the conditions of life the elements that threaten the preservation of human life and the prevention of disease.

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The National Organization for Public Health Nursing. *President*, Mary S. Gardner, R.N., 167 Washington Street, Providence, R.I. *Secretary*, Ella Crandall Crandall, R.N., 58 East 34th Street, New York City. Annual meeting to be held in St. Louis, Mo., 1914.

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